

Name  
in  
Full

Succellie Atkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                         |   |          |
|-----------------------------------|-------------------------|---|----------|
| Died at                           | Town                    | County                                  | MARYLAND |
| Date of death                     | Month                   | Day                                     | Years    |
| Sex                               | Age                     | Age                                     | Months   |
| Occupation                        | Color or Race           | Birth-place                             | Days     |
| Married, Single or Widowed        | Name of Wife or Husband | Where Residing if not at place of death |          |
| Father's Name                     | Jothua Atkins           | Father's Birthplace                     | Md.      |
| Mother's Maiden Name              | Lucie Goldborough       | Mother's Birthplace                     | Bid.     |
| Name of person giving Information | Jothua Atkins           | How related to deceased                 | Father   |

CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

Primary

X

Immediate

Path - Intemper

How long

X

Are the name, age, sex, color, date and place correctly given above?

They are

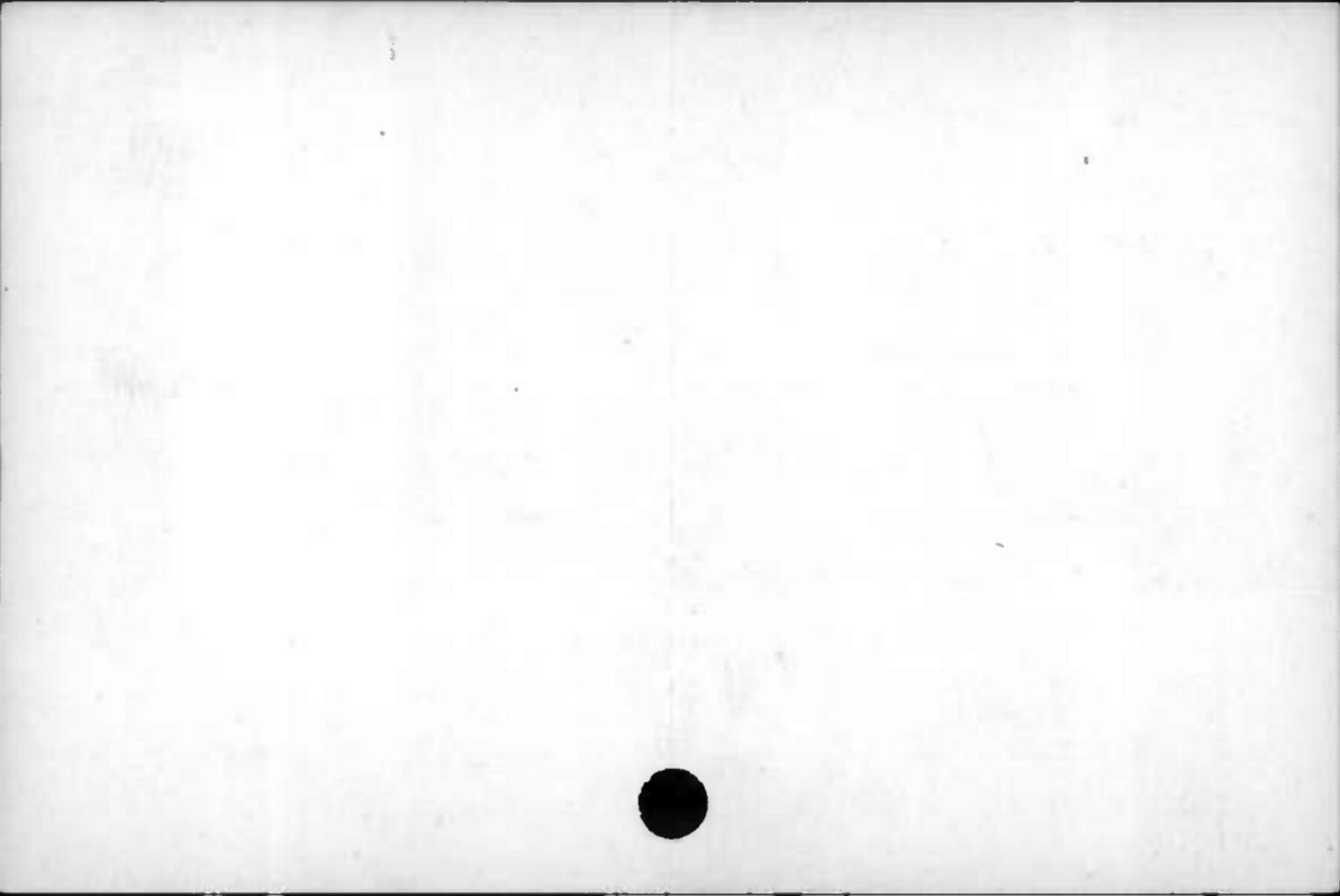
Signature of Physician

Address

Chas. H. Rose  
Cordova, Md.

Accident or Suicide?

X



Name  
in  
Full

Nettie Bailey

CERTIFICATE OF DEATH

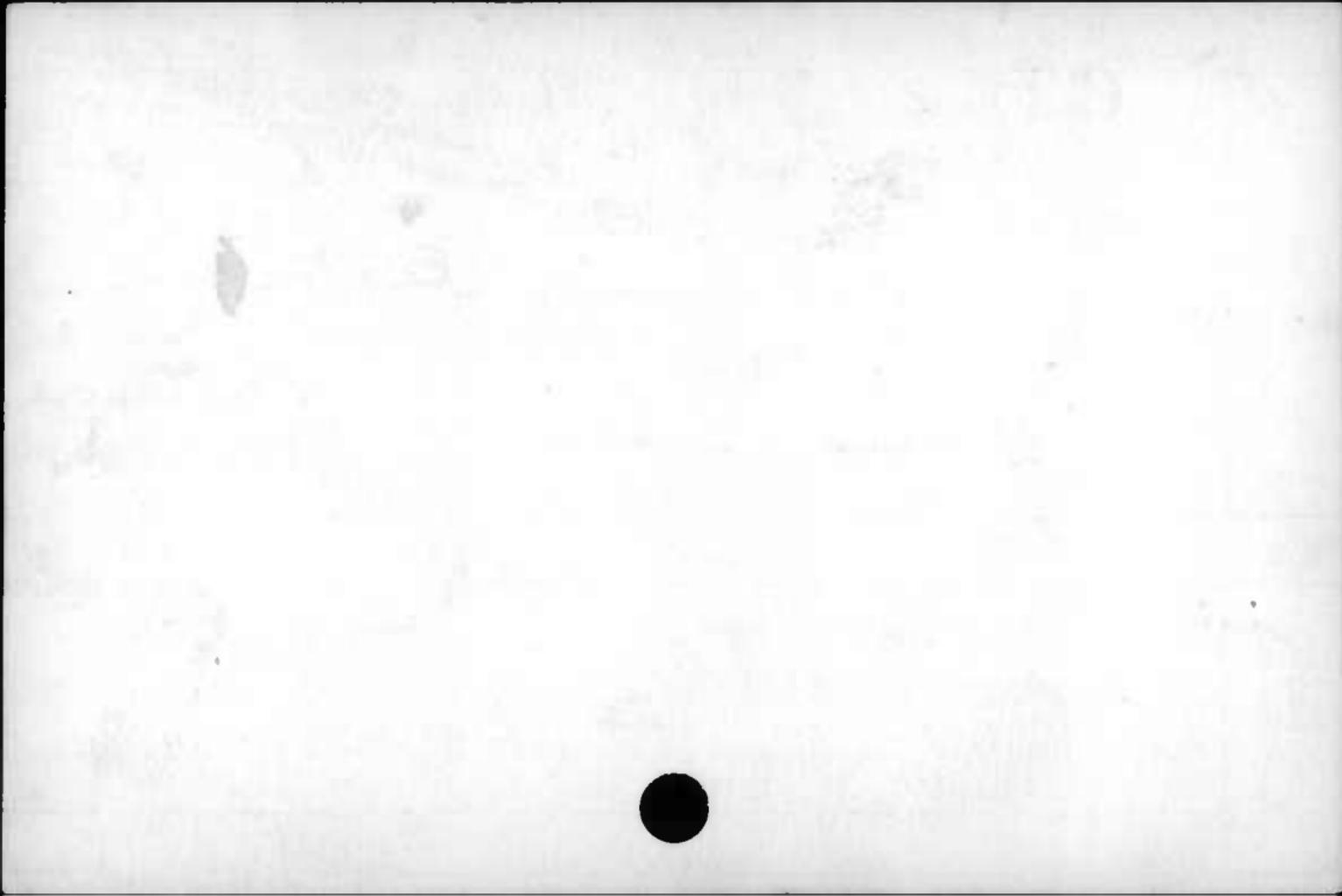
To BE ANSWERED BY  
NEAREST FRIEND

|                                   |                  |                         |        |             |           |   |
|-----------------------------------|------------------|-------------------------|--------|-------------|-----------|---|
| Died at                           | Town             | County                  |        | State       |           |   |
| Easton                            |                  | Talbot                  |        | MARYLAND    |           |   |
| Date of death                     | Month            | Day                     | Years  | Months      | Days      |   |
| 1907                              | Aug              | 2                       | 17     | 6           | 2         |   |
| Sex                               | Female           | Color or Race           | Blonde | Birth-place | Talbot Co |   |
| Occupation                        | Housekeeper      |                         |        |             |           | Where Residing if not at place of death |
| Married, Single or Widowed        | Single           | Name of Wife or Husband | Easton |             |           |   |
| Father's Name                     | Richard Bailey   |                         |        |             |           | Father's Birthplace                     |
| Mother's Maiden Name              | Isabella Lowburn |                         |        |             |           | Mother's Birthplace                     |
| Name of person giving Information | Richd Bailey     |                         |        |             |           | How related to deceased                 |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |               |                        |                   |         |
|--|---------------|------------------------|-------------------|---------|
| Primary  | Typhoid fever |                        | How long          | 24 days |
| Immediate  | Hemorrhage    |                        | How long          | few hrs |
| Are the name, age, sex, color, date and place correctly given above? |               | Signature of Physician | Chas. J. Wainborn |         |
|  |               | Address                | Easton, Md.       |         |
| Accident or Suicide?   |               |                        |                   |         |



Name  
in  
Full

James Marcelle Hopkins Bateman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|  |   |       |                         |       |             |         |
|--|---|-------|-------------------------|-------|-------------|---------|
| Died at  | Town  |       | County                  |       | MARYLAND    |         |
| Easton   |   |       | Talbot                  |       |             |         |
| Date of death 1907                                 | Month Aug.                                      | Day 3 | Age 63                  | Years | Months 8    | Days 24 |
| Sex male   | Color or Race white                             |       | Birth-place             |       | Easton Md.  |         |
| Occupation Physician                               | Where Residing If not at place of death         |       | Easton Md.              |       |             |         |
| Married, Single or Widowed married                 | Name of Wife or Husband Elizabeth Touch Bateman |       | Father's Birthplace     |       | Baltimore   |         |
| Father's Name Henry E. Bateman                     |   |       | Mother's Birthplace     |       | McDaniel Md |         |
| Mother's Maiden Name Arianna Hopkins               |   |       | How related to deceased |       | Son         |         |
| Name of person giving information Henry E. Bateman |   |       |                         |       |             |         |

CAUSES OF DEATH

79

How long

2

How long

Primary

Endocarditis & nephritis

Immediate

acute dilatation of heart

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

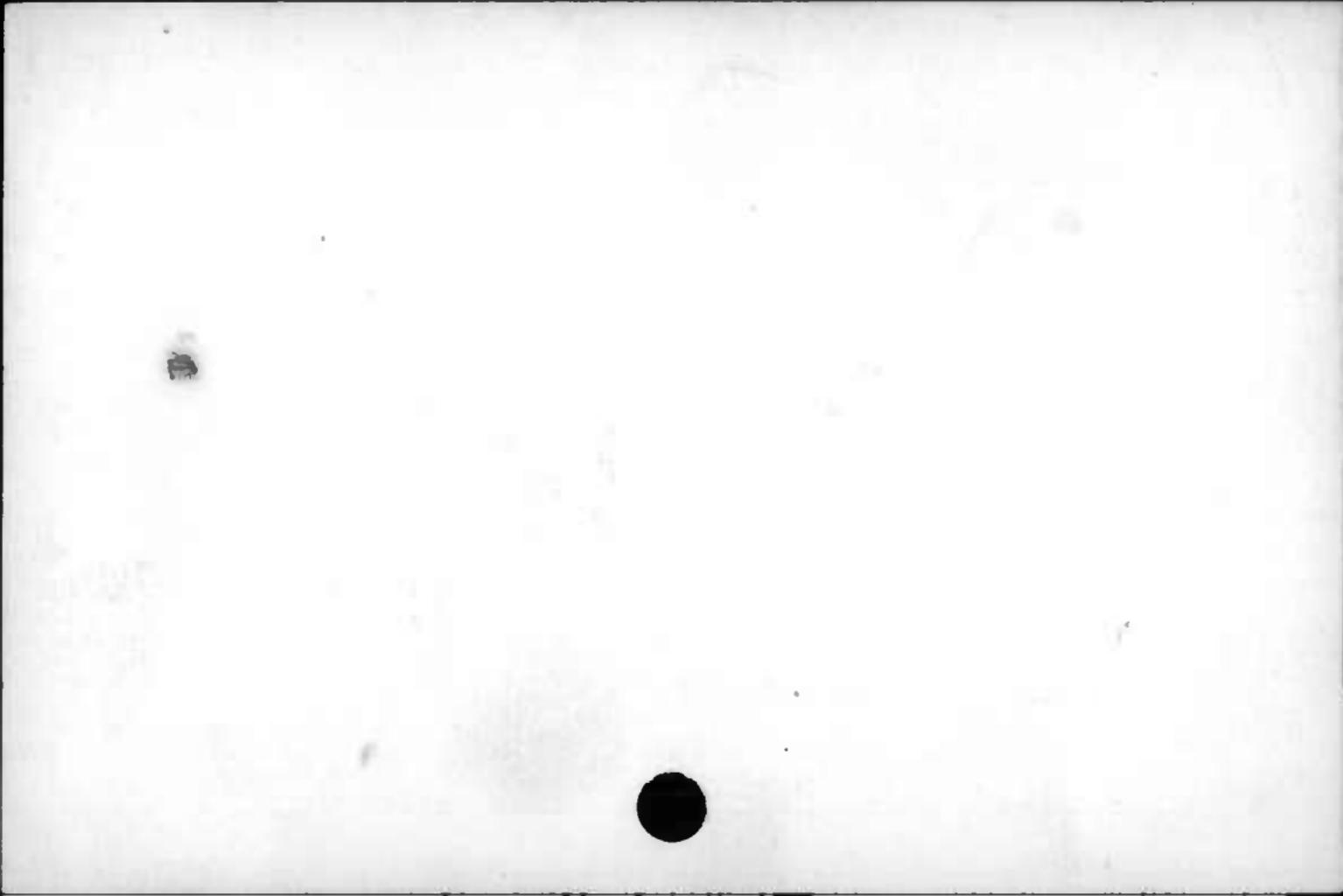
Address

A. Hayward  
Castor

yes

Accident or Suicide?

No



Name  
in  
Full

Hannah Breeze

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |               |          |      |
|---|--|---------------|----------|------|
| Died at   | Town                                       | County        | MARYLAND |      |
| Date<br>of death  | Month                                      | Year          | Months   | Days |
| Sex   | Color<br>Race                              | Age           | 68       |      |
| Occupation  | Where Residing if not<br>at place of death |               |          |      |
| Married, Single<br>or Widowed   | Name of Wife or<br>Husband                 | Lydia Breeze  |          |      |
| Father's<br>Name  | don't know                                 |               |          |      |
| Mother's<br>Maiden Name   |  |               |          |      |
| Name of person giving<br>Information                                    | Lydia Breeze                               |               |          |      |
| CAUSES OF DEATH   |  |               |          |      |
| Primary   | 81   |               |          |      |
| Immediate   | Atherosclerosis                            |               |          |      |
| Are the name, age, sex, color, date<br>and place correctly given above? |  | How long      |          |      |
| yes   |  | several years |          |      |
| Signature of<br>Physician   |  | How long      |          |      |
| Address   |  | Immediately   |          |      |

PHYSICIAN  
OR CORONER

Atherosclerosis

Embolus

Are the name, age, sex, color, date  
and place correctly given above?

P. L. Davis,

Boston rec.

Accident or Suicide?

3 o'clock Friday - Richelieu

Name  
In  
Full

Geo H Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND.

|                                   |   |               |       |             |           |                         |
|-----------------------------------|---|---------------|-------|-------------|-----------|-------------------------|
| Died at                           | Town                                    | County        |       | MARYLAND    |           |                         |
| Date of death                     | Month                                   | Day           | Years | Months      | Days      |                         |
| Sex                               | Male                                    | Color or Race | Age   | Birth-place | Talbot Co |                         |
| Occupation                        | Where Residing if not at place of death |               |       |             |           | Balts                   |
| Married, Single or Widowed        | Married                                 | Name of Wife  | Julia | Brooks      |           |                         |
| Father's Name                     | Levin Brooks                            |               |       |             |           | Talbot Co               |
| Mother's Maiden Name              | Mary Thomas                             |               |       |             |           | Mother's Birthplace     |
| Name of person giving information | Mary Brooks                             |               |       |             |           | How related to deceased |

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Tuberculosis of lungs

How long

5 yrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

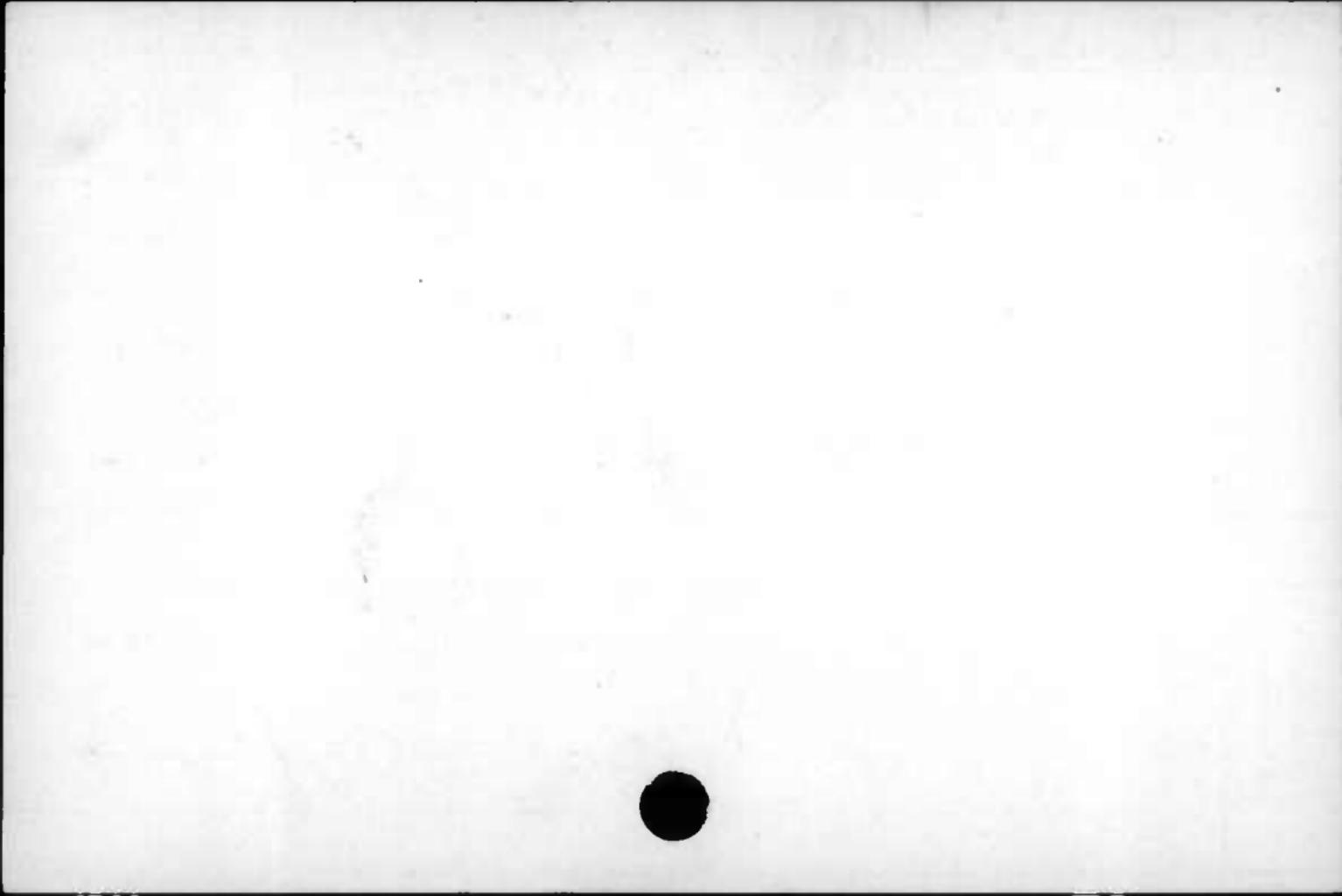
Signature of Physician

Address

yes MD

A B Hayward  
Easton  
Md

Accident or Suicide?



Name  
in  
Full

Susan A. Bromwell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|  |   |                        |                           |
|--|---|------------------------|---------------------------|
| Died at  | Town                                    | County                 | MARYLAND                  |
| Date of death 1907                             | Month Aug                               | Day 19                 | Years 78 Months 2 Days 12 |
| Sex Female                                     | Color or Race white                     | Birth-place Talbot Co. |                           |
| Occupation Housewife                           | Where Residing if not at place of death |                        |                           |
| Married, Single or Widowed Widow               | Name of Wife or Husband Robert Bromwell | Father's Birthplace MD |                           |
| Father's Name Richard Cooper                   | Mother's Birthplace MD                  |                        |                           |
| Mother's Maiden Name Dorothy Senell            | How related to deceased Daughter        |                        |                           |
| Name of person giving information Carrie Jones |   |                        |                           |

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

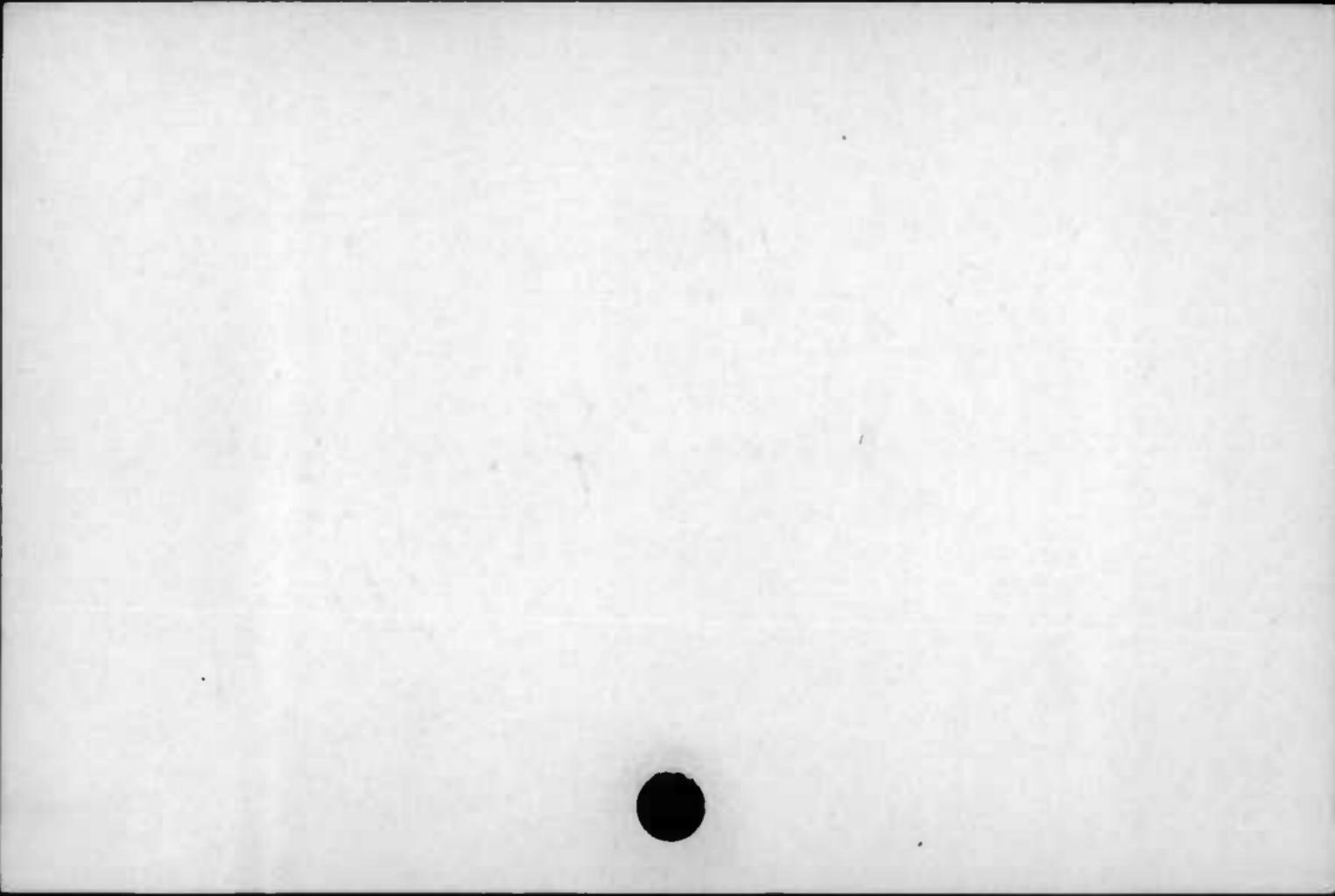
Yes

Signature of Physician

Address

Dr. J. B. Self  
118 Michaels  
St

Accident or Suicide?



Name  
in  
Full

Mary Bryan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died near

Town  
Grappler

County  
Salisbury

MARYLAND

Date  
of death 1907

Mont  
8

Day  
23

Years  
22

Age  
22

Months  
—

Days  
—

Sex  
Female

Color or  
Race  
Negro -

Birth-  
place  
Salisbury Co. Md.

Occupation  
Servant

Where Residing if not  
at place of death

Married, Single  
or Widowed  
Single

Name of Wife or  
Husband  
—

Father's  
Name  
Don't know

Birthplace  
Unknown

Mother's  
Maiden Name  
Ella Bryan

Mother's  
Name  
Salisbury Co. Md

Name of person giving  
Information  
Hattie Logan

How related  
to deceased  
Aunt -

CAUSES OF DEATH

138

How long  
4 hours -

Primary  
Confinement

How long  
12 hours -

Immediate  
Edema

Signature of  
Physician

Address

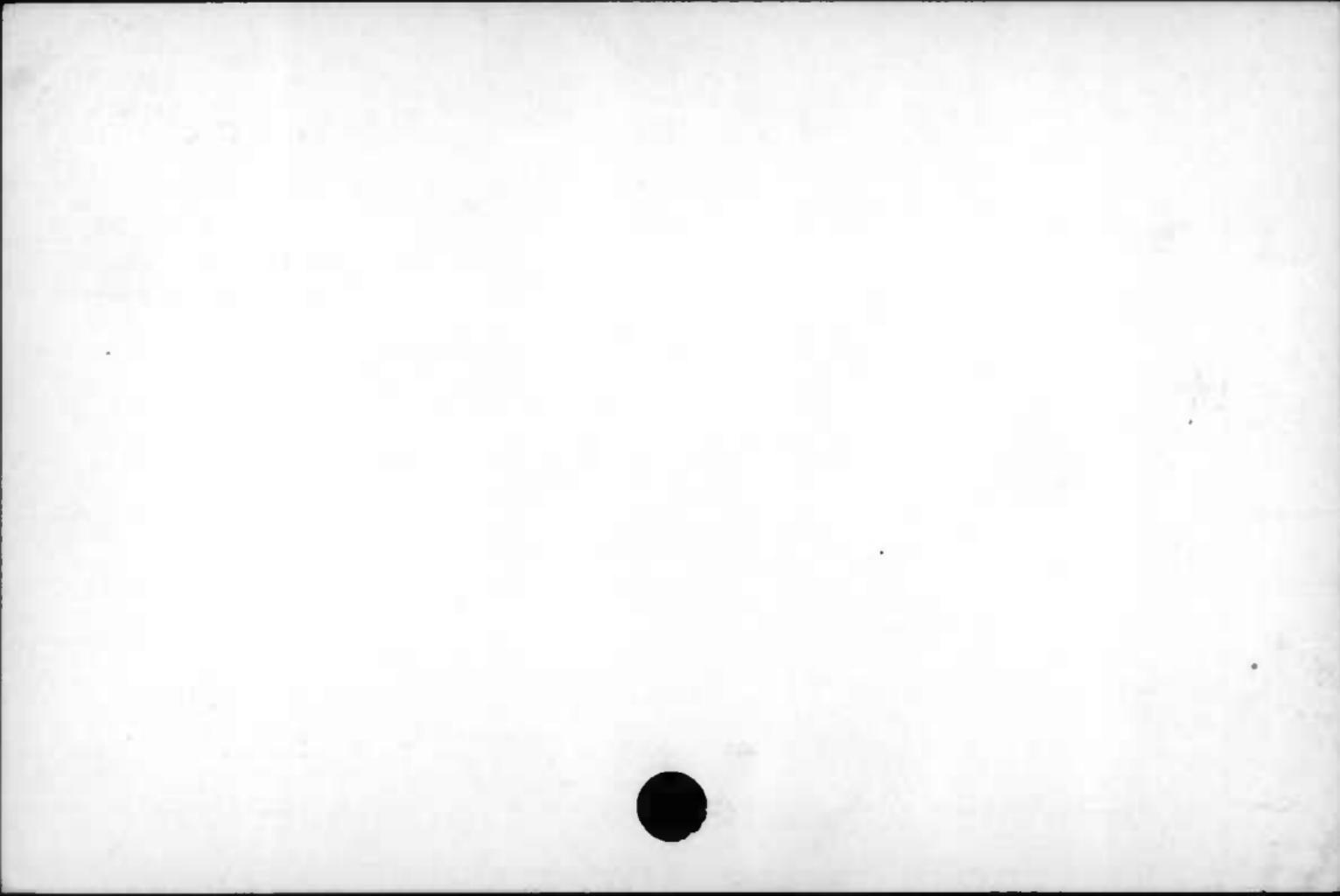
*Joseph A. Ross Jr.*  
*Grappler, Md.*

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Accident or Suicide?



Name  
in  
Full

Edwin Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                    |   |          |             |                         |
|-----------------------------------|--------------------|---|----------|-------------|-------------------------|
| Died at                           | Town               | County                                  | MARYLAND |             |                         |
| EASTON                            | Talbot             |   | 0        | 0           | 0                       |
| Date of death                     | Month              | Day                                     | Years    | Months      | Days                    |
| 1907                              | Aug                | 23                                      | 0        | 0           | 0                       |
| Sex                               | Male               | Color or Race                           | Black    | Birth-place | Md                      |
| Occupation                        | None               | Where Residing if not at place of death | X        |             |                         |
| Married, Single or Widowed        | Single             | Name of Wife or Husband                 | X        | (S)         | Father's Birthplace     |
| Father's Name                     | P.                 |   |          |             | Mother's Birthplace     |
| Mother's Maiden Name              | Clementine Chase   |   |          |             | Md                      |
| Name of person giving information | Georganna Williams |   |          |             | How related to deceased |
|                                   |                    |   |          |             | Midwife                 |

Reported the still ~~bones~~ birth to me

PHYSICIAN  
OR CORONER

|  |                        |          |
|--|------------------------|----------|
| Primary  | Still Born             | How long |
| Immediate  | 4 4                    | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |          |
|  | Address                |          |
| Accident or Suicide?   |                        |          |

(S) E. R. Fife  
Easton Md



Name  
in  
Full

Louise Chase

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |     |        |            |      |                         |
|-----------------------------------|---|-----|--------|------------|------|-------------------------|
| Died at                           | Town                                    |     | County | MARYLAND   |      |                         |
| Easton                            |   |     | Falvor | 0          |      | 0                       |
| Date of death                     | Month                                   | Day | Years  | Months     | Days |                         |
| 1907                              | Aug                                     | 23  | 0      | 0          | 0    |                         |
| Sex                               | Color or Race                           |     | Age    | Birthplace |      |                         |
| Female                            | Black.                                  |     | 0      | Easton Md  |      |                         |
| Occupation                        | Where Residing if not at place of death |     |        |            |      | x                       |
| None                              |   |     |        |            |      |                         |
| Married, Single or Widowed        | Name of Wife or Husband                 |     | x      |            |      |                         |
| Single                            |   |     | x      |            |      |                         |
| Father's Name                     | (S)                                     |     |        |            |      | Father's Birthplace     |
| B-                                |   |     |        |            |      |                         |
| Mother's Maiden Name              |   |     |        |            |      | Mother's Birthplace     |
| Clmentine Chase                   |   |     |        |            |      | Md                      |
| Name of person giving information | Kencauna Williams                       |     |        |            |      | How related to deceased |
|                                   |   |     |        |            |      | Midwife                 |

PHYSICIAN  
OR CORONER

Reported the death to me

CAUSES OF DEATH

|           |            |     |          |
|-----------|------------|-----|----------|
| Primary   | Still Born | (S) | How long |
| Immediate | 16         | 4   | How long |

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. R. Dixie

Easton

Md

Accident or Suicide?



Name  
in  
Full

Culvins Wrightson Confer

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

|                                   |   |        |            |                         |                        |
|-----------------------------------|---|--------|------------|-------------------------|------------------------|
| Died at                           | Town                                    | County | MARYLAND   |                         |                        |
| Date of death                     | Month                                   | Day    | Years      | Months                  | Days                   |
| Sex                               | Color or Race                           | Age    | Birthplace | Baptized                |                        |
| Occupation                        | Where Residing If not at place of death |        |            |                         |                        |
| Married, Single or Widowed        | Name of Wife or Husband                 |        |            |                         |                        |
| Father's Name                     | Trevor W. Cooper                        |        |            | Father's Birthplace     | Q.A.C. Md              |
| Mother's Maiden Name              | Cora Sharp                              |        |            | Mother's Birthplace     | Tulsa Co.,<br>Oklahoma |
| Name of person giving information | F.W. Cooper                             |        |            | How related to deceased | Father                 |

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary Enter Colitis

How long 3 weeks

Immediate Heart Failure

How long 48 hours

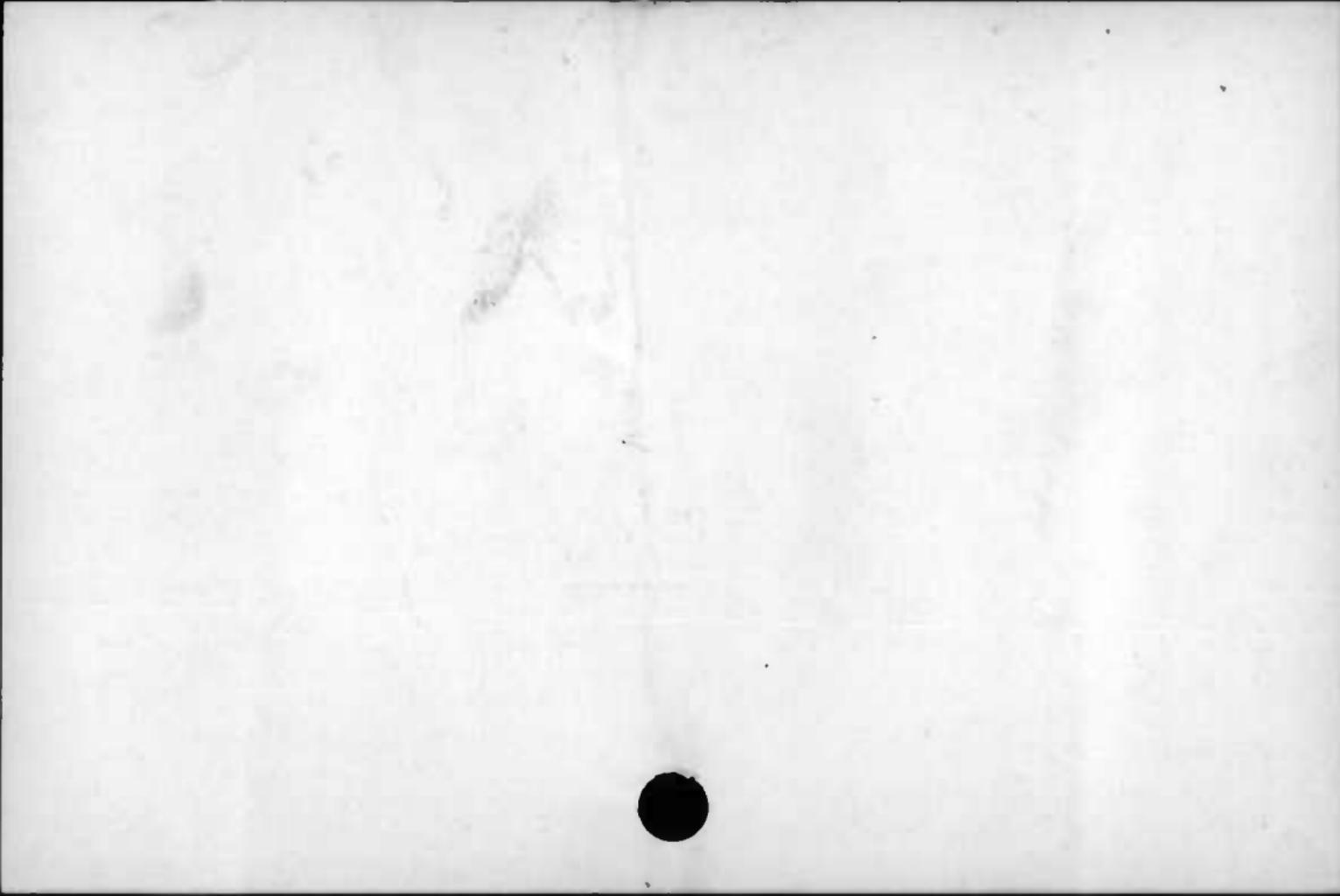
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.B. Merrell  
Euday Md

Accident or Suicide?



Name  
in  
Full

John Davidson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|   |   |               |                      |                           |               |      |
|---|---|---------------|----------------------|---------------------------|---------------|------|
| Died at <u>Easton</u>                                       |   | Town          | County <u>Talbot</u> |                           | MARYLAND      |      |
| Date of death <u>1907</u>                                   | Month <u>Aug</u>                                      | Day <u>21</u> | Age                  | Years                     | Months        | Days |
| Sex <u>Male</u>   | Color or Race <u>Black</u>                            |               |                      | Birth-place <u>Easton</u> | <u>Easton</u> |      |
| Occupation <u>+</u>   | Where Residing if not at place of death <u>Easton</u> |               |                      |                           |               |      |
| Married, Single or Widowed <u>single</u>                    | Name of Wife or Husband <u>-</u>                      |               |                      |                           |               |      |
| Father's Name <u>David Davidson</u>                         | Father's Birthplace <u>Easton</u>                     |               |                      |                           |               |      |
| Mother's Maiden Name <u>Henrietta Lilghansen</u>            | Mother's Birthplace <u>Easton</u>                     |               |                      |                           |               |      |
| Name of person giving information <u>Henrietta Davidson</u> | How related to deceased <u>Mother</u>                 |               |                      |                           |               |      |

CAUSES OF DEATH

(105)

Primary Summer Complaint

How long

8 mo

Immediate

How long

3 mo

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

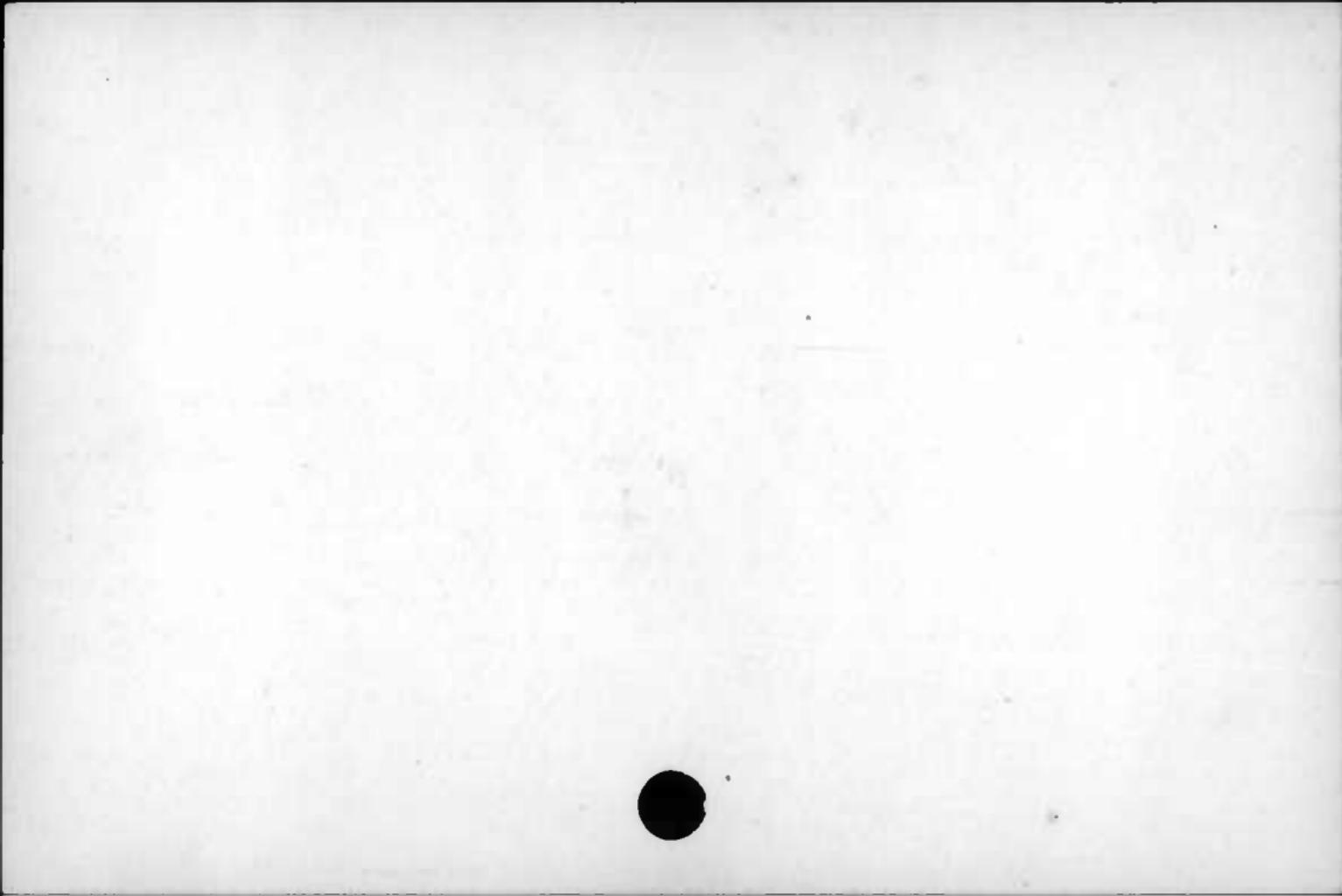
John B Fairbank

Address

Sub Register

Child had just been brought here from a Baltimore Hospital where it had been cared for in child bed but was dead.

LIBRARY BUREAU ASSOCIATION



Name  
in  
Full

Stephen Denby

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|  |   |                          |          |
|--|---|--------------------------|----------|
| Died near                                      | Town Trappe                               | County Talbot            | MARYLAND |
| Date of death 1907                             | Month 8.                                  | Day 28.                  | Years 60 |
| Sex Male                                       | Color or Race Negro                       | Birth-place Talbot Co Md |          |
| Occupation Servant                             | Where Residing If not at place of death   |                          |          |
| Married, Single or Widowed Married             | Name of Wife or Husband Frances L. Bailes |                          |          |
| Father's Name Jerry Denby                      | Father's Birthplace Talbot Co Md          |                          |          |
| Mother's Maiden Name Polly Holland             | Mother's Birthplace Talbot Co Md          |                          |          |
| Name of person giving Information James Cooper | How related to deceased Brother-in-law    |                          |          |
| CAUSES OF DEATH                                |   |                          |          |
| Primary nephritis - Gastritis                  | 120                                       |                          |          |
| Immediate Exhaustion                           | How long 11 weeks -                       |                          |          |

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Yes

Joseph A Ross MD  
Trappe Talbot Co Md



Name  
in  
Full

Sarah Newnam Denny

CERTIFICATE OF DEATH

"TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Ferry neck.

Town

County

MARYLAND

Date  
of death

1907

Month

Aug

Day

23.

Years

71

Age

Months

-

Days

-

Sex

Female.

Color or  
Race

White

Birth-  
place

Baltimore

Occupation

Domestic

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Eugene Denny

Father's  
Name

James Newnam

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Agnes Hall

Mother's  
Birthplace

Baltimore Md.

Name of person giving  
Information

E Z Denny

How related  
to deceased

Son

CAUSES OF DEATH

104

Primary

Acute Indigestion

24 hrs

Immediate

Heart failure - fatty heart

How long

Not Know

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Sam'l C. Skipper

Address

Royal oak,  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

We made Cook  
go to Atlantic City  
on government work  
to kill the m  
in boat & boat buying

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |                               |  |                            |                        |                 |           |  |  |
|--------------------------------------|-------------------------------|--|----------------------------|------------------------|-----------------|-----------|--|--|
| Name<br>in<br>Full                   |                               |  |                            | CERTIFICATE OF DEATH   |                 |           |  |  |
| PHYSICIAN<br>OR CORONER              | Died at                       | Town                                       | County                     | MARYLAND               |                 |           |  |  |
|                                      | Date<br>of death              | Month                                      | Day                        | Years                  | Months          | Days      |  |  |
|                                      | 1907                          | 8  | 1                          | 0                      | 5               | 21        |  |  |
|                                      | Sex                           | male                                       | Color or<br>Race           | White                  | Birth-<br>place | Talbot Co |  |  |
|                                      | Occupation                    | Where Residing if not<br>at place of death |                            |                        |                 |           |  |  |
|                                      | Married, Single<br>or Widowed | Name of Wife or<br>Husband                 |                            |                        |                 |           |  |  |
|                                      | Father's<br>Name              | Edward Dwyott                              |                            | Father's<br>Birthplace | Talbot Co       |           |  |  |
|                                      | Mother's<br>Maiden Name       | May Page                                   |                            | Mother's<br>Birthplace | Talbot Co       |           |  |  |
| Name of person giving<br>Information | Edward Dwyott                 |  | How related<br>to deceased | Father                 |                 |           |  |  |

CAUSES OF DEATH

105

Primary      Cholera infantum      How long      one week  
Immediate      tetraecemia      How long      24 hrs

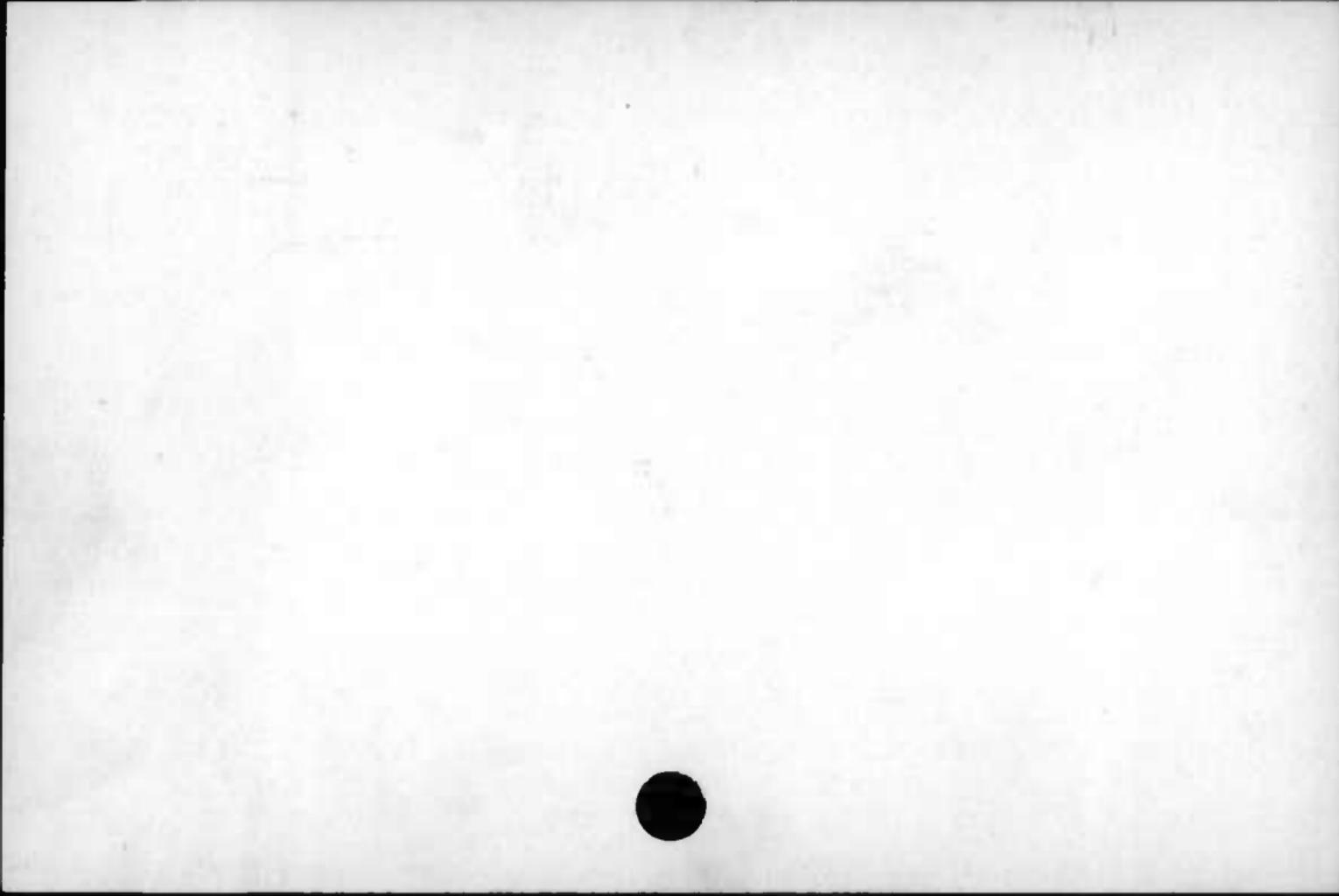
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Sunderson  
Carton  
Md

Accident or Suicide?



Name

In  
Full

Henrietta Ellis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

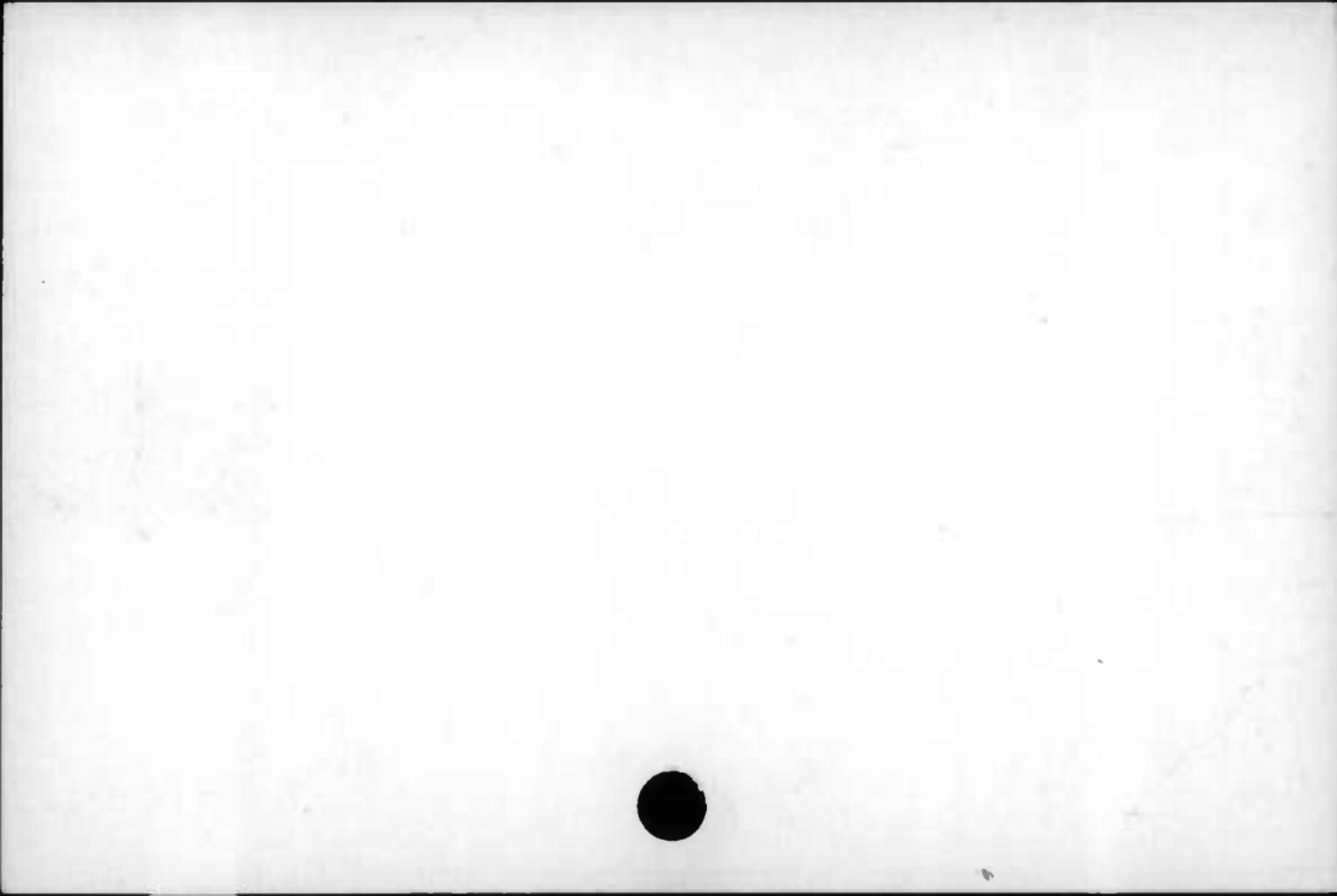
|                                      |   |   |                                  |       |                 |
|--------------------------------------|---|---|----------------------------------|-------|-----------------|
| Died at                              | Town  | County  | MARYLAND                         |       |                 |
| Date of death 1907                   | Month Aug   | Day 21  | Age 61                           | Years | Months — Days — |
| Sex Female                           | Color or Race Black   | Birth-place Talbot County                         |                                  |       |                 |
| Occupation House wife                | Where Residing if not at place of death <del>McDaniel</del> |   |                                  |       |                 |
| Married, Single or Widowed Widowed   | Name of Wife or Husband Frank Ellis                         | Father's Name Martin Wells                        | Father's Birthplace Talbot Co    |       |                 |
| Mother's Maiden Name Mary J. Jackson | Mother's Birthplace Talbot Co                               | Name of person giving information Mary E. Clayton | How related to deceased Daughter |       |                 |

## CAUSES OF DEATH

1

PHYSICIAN  
OR CORONER

|  |                        |                        |              |
|--|------------------------|------------------------|--------------|
| Primary  | Typhoid fever.         |                        |              |
| Immediate  | Intestinal perforation |                        |              |
| Are the name, age, sex, color, date and place correctly given above? | Yes                    | Signature of Physician | H. A. S. Jr. |
|  |                        | Address                | St. Michaels |
| Accident or Suicide?   |                        |                        |              |



Name  
in  
Full

John Vance Ford

CERTIFICATE OF DEATH

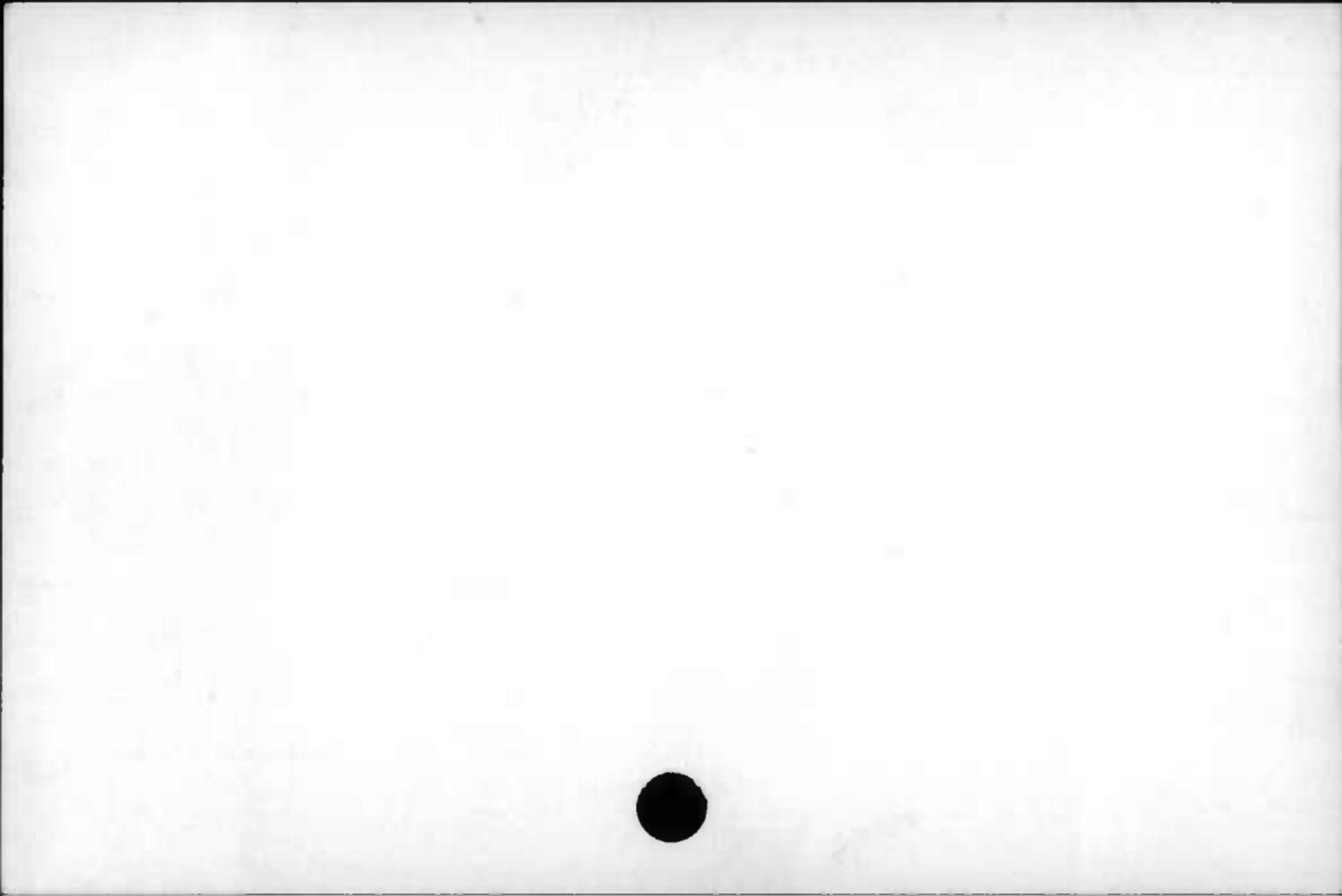
To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                         |             |            |      |
|-----------------------------------|---|-------------------------|-------------|------------|------|
| Died at                           | Town                                    | County                  | MARYLAND    |            |      |
| Date of death                     | Month                                   | Day                     | Years       | Months     | Days |
| Sex                               | Male                                    | Color or Race           | Age         | Birthplace |      |
| Occupation                        | Where Residing if not at place of death |                         |             |            |      |
| Married, Single or Widowed        | Name of Wife or Husband                 |                         |             |            |      |
| Father's Name                     | Chas Augustus Ford                      | Father's Birthplace     | Somerset Co |            |      |
| Mother's Maiden Name              | Edith Estelle Ford                      | Mother's Birthplace     | Talbot Co   |            |      |
| Name of person giving Information | Chas. Augustus Ford                     | How related to deceased | Father      |            |      |

CAUSES OF DEATH

105

|  |                         |                        |                |             |
|--|-------------------------|------------------------|----------------|-------------|
| Primary  | Ichthemos               |                        | How long       | Three weeks |
| Immediate  | Gastro Entero - Colitis |                        | How long       | One week    |
| Are the name, age, sex, color, date and place correctly given above? | yes                     | Signature of Physician | J. K. Nelson   |             |
|  |                         | Address                | Tilghman<br>Md |             |
| Accident or Suicide?   | no                      |                        |                |             |



Name  
in  
Full

Wirtire J. George

CERTIFICATE OF DEATH

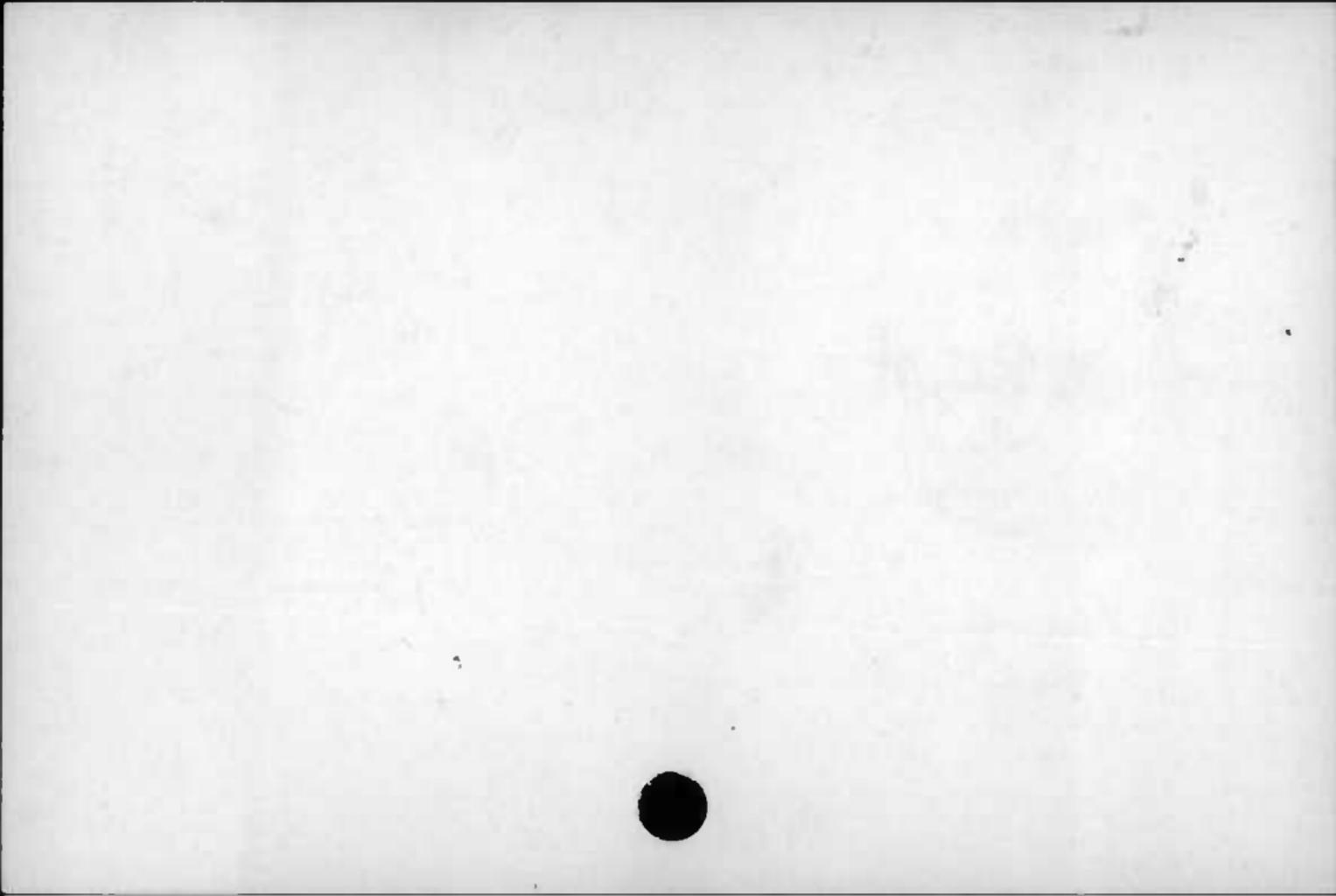
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |              |   |                |
|-----------------------------------|--------------|---|----------------|
| Died at                           | Town         | County                                  | MARYLAND       |
| Date of death                     | Month        | Day                                     | Years          |
| Sex                               | Female       | Age                                     | 38             |
| Occupation                        | Housewife    | Color or Race                           | White          |
| Married, Single or Widowed        | Married      | Where Residing if not at place of death | N. Y., N.Y.    |
| Father's Name                     | Alby Ramsey  | Name of Wife or Husband                 | Lanagroves, Md |
| Mother's Maiden Name              | Betsy Briggs | Father's Birthplace                     | New York       |
| Name of person giving information | W. S. George | Mother's Birthplace                     | N. Y.          |
|                                   |              | How related to deceased                 | Husband        |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                        |          |
|--|------------------------|----------|
| Primary  | Cancer of Omentum 45   |          |
| Immediate  | Sapromyosis - Shock    |          |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician | How long |
|  | Address                | 6 mos    |
| Accident or Suicide?   | No                     |          |



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

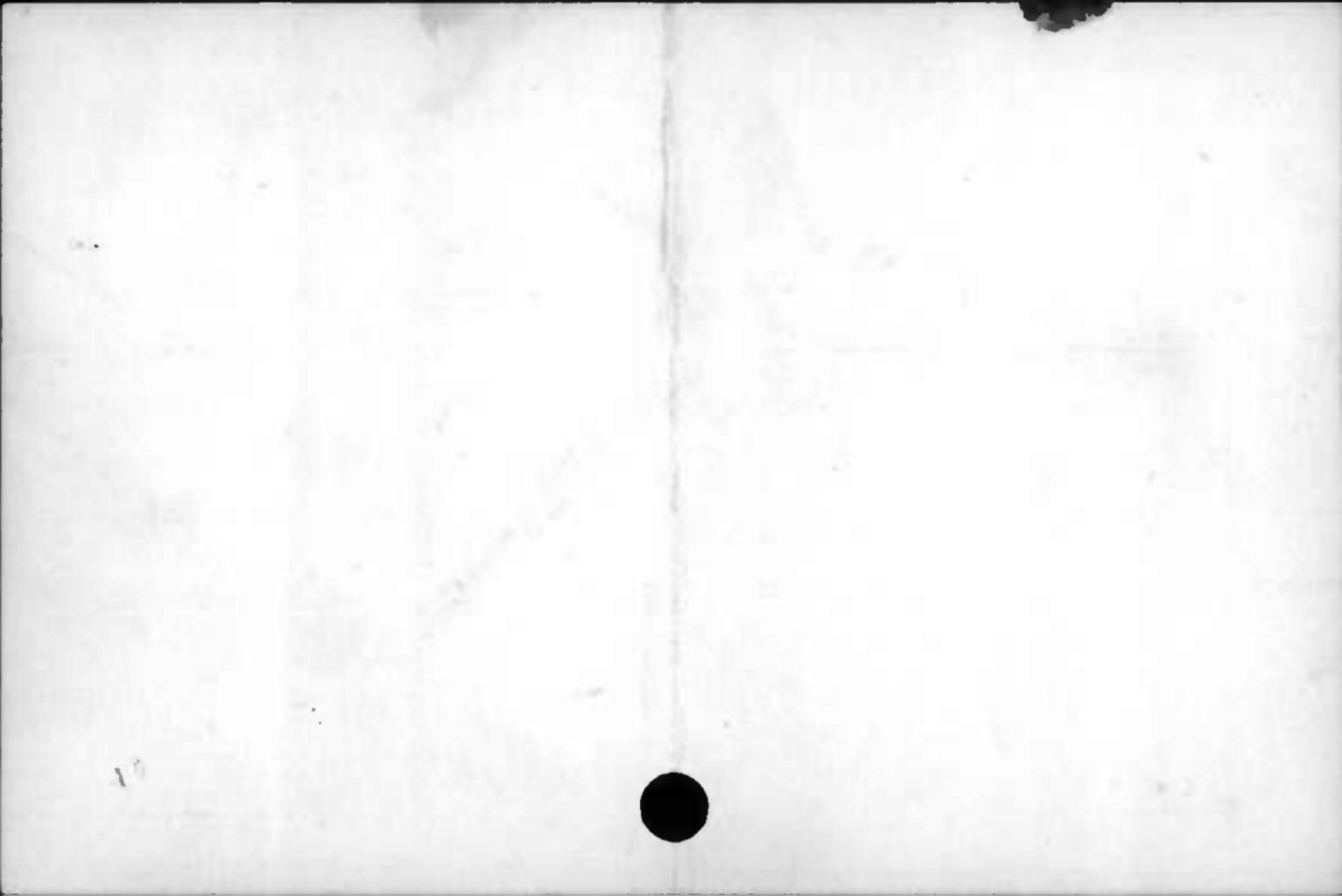
James Green  
Willoughby

|  |   |                                 |                 |                      |  |                      |  |
|--|---|---------------------------------|-----------------|----------------------|--|----------------------|--|
| Died at <u>Willoughby</u> Town                           |   |                                 |                 | County <u>Dalbot</u> |  | CERTIFICATE OF DEATH |  |
| Date of death <u>1907</u>                                | Month <u>8</u>  | Day <u>13</u>                   | Years <u>25</u> | Months <u>-</u>      |  | Days <u>-</u>        |  |
| Sex <u>Female</u>  | Color or Race <u>Colored</u>                              | Birthplace <u>Dunigan Co 3d</u> |                 |                      |  |                      |  |
| Occupation <u>House work</u>                             | Where Residing if not at place of death <u>Willoughby</u> |                                 |                 |                      |  |                      |  |
| <input checked="" type="checkbox"/> Single               | Name of Wife or Husband _____                             |                                 |                 |                      |  |                      |  |
| Father's Name <u>George Green</u>                        | Birthplace <u>Maryland</u>                                |                                 |                 |                      |  |                      |  |
| Mother's Maiden Name <u>Susan Green</u>                  | Birthplace <u>Maryland</u>                                |                                 |                 |                      |  |                      |  |
| Name of person giving information <u>John S. Clayton</u> | How related to deceased <u>Cousin</u>                     |                                 |                 |                      |  |                      |  |

CAUSES OF DEATH

(27)

|  |  |
|--|--|
| Primary <u>Pulmonary Tuberculosis</u>                                | How long <u>8 Month.</u>                           |
| Immediate <u>Heart Failure</u>                                       | How long <u>Immedate</u>                           |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician                             |
| <u>Yes</u>   | Address <u>J.W. Slack M.D.<br/>Orye Mills. Md.</u> |
| <u>No</u>  |  |
| Accident or Suicide?   |  |



Name  
in  
Full

Anna Butter Haubelton

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                     |          |        |      |
|-----------------------------------|---|---------------------|----------|--------|------|
| Died at                           | Town,                                   | County              | MARYLAND |        |      |
| Date of death                     | Month                                   | Day                 | Years    | Months | Days |
| Sex                               | Color or Race                           | Age                 | 65       | -      | -    |
| Occupation                        | Where Residing if not at place of death |                     |          |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 | Alexander Haubelton |          |        |      |
| Father's Name                     | Thomas Helle                            |                     |          |        |      |
| Mother's Maiden Name              | Anna Helle                              |                     |          |        |      |
| Name of person giving information | Alexander Haubelton                     |                     |          |        |      |

CAUSES OF DEATH

45

How long

3 years

How long

3 months

PHYSICIAN  
OR CORONER

Primary

Carcinoma

Immediate

General asthma

Are the name, age, sex, color, date and place correctly given above?

yes

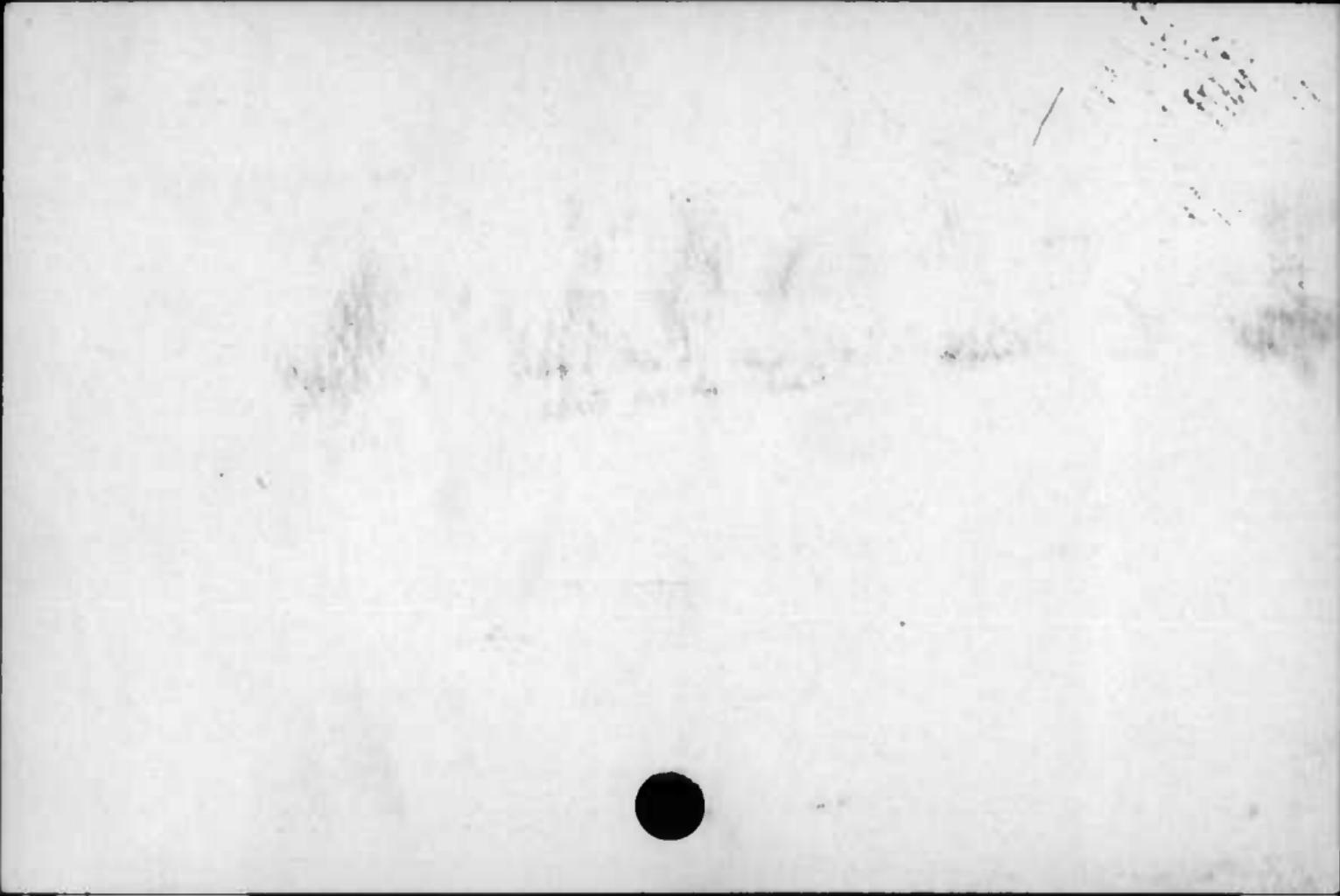
Signature of Physician

Address

H. G. Geppi

H. Michaels Md.

Accident or Suicide?



Name  
in  
Full

Susan Elizabeth Harden

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

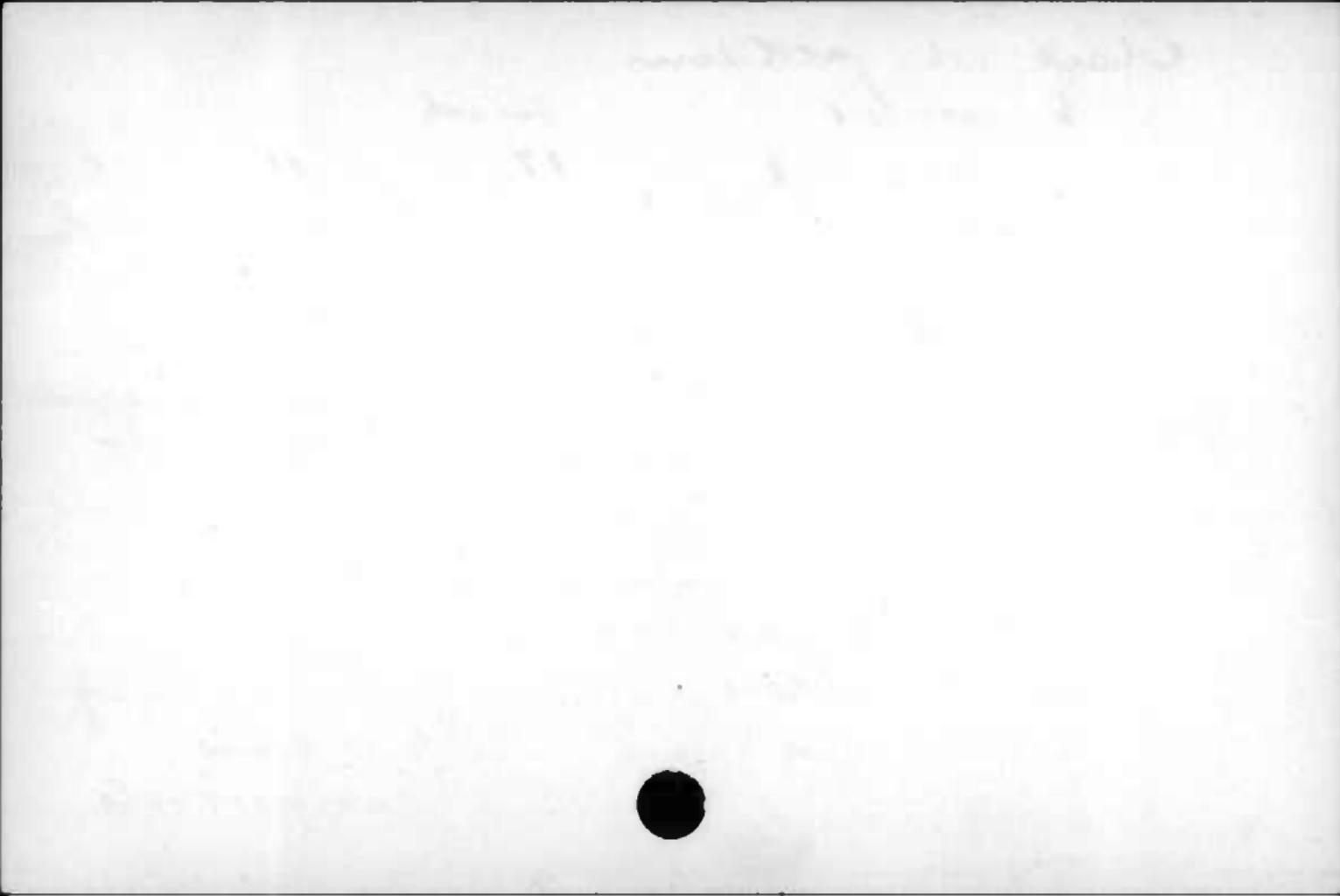
|  |   |                           |         |          |        |  |
|--|---|---------------------------|---------|----------|--------|--|
| Died near  | Town                                    | County                    |         | MARYLAND |        |  |
| Died near Easton                                   | Town                                    | County Talbot             |         | MARYLAND |        |  |
| Date of death 1907                                 | Month 8                                 | Day 3                     | Years 1 | Months 1 | Days 6 |  |
| Sex Female   | Color or Race White                     | Birth-place Talbot Co. Md |         |          |        |  |
| Occupation None                                    | Where Residing if not at place of death |                           |         |          |        |  |
| Married, Single or Widowed Single                  | Name of Wife or Husband                 |                           |         |          |        |  |
| Father's Name George A. H. Harden                  | Father's Birthplace Talbot Co. Md       |                           |         |          |        |  |
| Mother's Maiden Name Hattie Q. Powers              | Mother's Birthplace Talbot Co. Md       |                           |         |          |        |  |
| Name of person giving Information George A. Harden | How related to deceased Father          |                           |         |          |        |  |

CAUSES OF DEATH

|           |               |       |                   |
|-----------|---------------|-------|-------------------|
| Primary   | Enterocolitis | (105) | How long          |
| Immediate | Exhaustion    |       | How long 5 weeks. |

PHYSICIAN  
OR CORONER

|  |                                      |
|--|--------------------------------------|
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician               |
| Yes  | Address                              |
| Accident or Suicide?   | Joseph A. Coe M.D.<br>Baltimore, Md. |



Name  
in  
Full

Elsie M Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                         |             |             |             |
|-----------------------------------|---|-------------------------|-------------|-------------|-------------|
| Died at                           | Town                                    | County                  | MARYLAND    |             |             |
| Died at                           | St Michaels                             | Fallock                 |             |             |             |
| Date of death                     | Month                                   | Day                     | Years       | Months      | Days        |
| 1907                              | Aug                                     | 1                       | 17          | 11          | 24          |
| Sex                               | Female                                  | Color or Race           | White       | Birth-place | st michaels |
| Occupation                        | Where Residing if not at place of death |                         |             |             |             |
| Married, Single or Widowed        | Name of Wife or Husband                 | st michaels             |             |             |             |
| Married                           | R. E. marrt Jackson                     |                         |             |             |             |
| Father's Name                     | James E. Kirby                          | Father's Birthplace     | st michaels |             |             |
| Mother's Maiden Name              | Emmeline J. Booker                      | Mother's Birthplace     | " "         |             |             |
| Name of person giving Information | R. E. marrt Jackson                     | How related to deceased | husband     |             |             |

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary heart disease - valvular How long

Immediate heart failure How long  
Immediately

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. C. Wains  
st michaels

Accident or Suicide?



Name  
in  
Full

Andrew Jenkins

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|   |                            |  |                     |                 |               |                                       |
|---|----------------------------|--|---------------------|-----------------|---------------|---------------------------------------|
| Died at <u>Ebens</u> Town                             |                            | County <u>Howard</u>                             |                     | MARYLAND        |               |                                       |
| Date of death <u>1907</u>                             | Month <u>Aug</u>           | Day <u>1</u>                                     | Age <u>70</u> Years | Months <u>7</u> | Days <u>1</u> |                                       |
| Sex <u>Male</u>                                       | Color or Race <u>Black</u> | Birthplace <u>Ebens</u>                          |                     |                 |               |                                       |
| Occupation <u>-</u>                                   |                            | Where Residing if not at place of death <u>-</u> |                     |                 |               |                                       |
| Married, Single or Widowed <u>-</u>                   |                            | Name of Wife or Husband <u>-</u>                 |                     |                 |               |                                       |
| Father's Name <u>Thomas Jenkins</u>                   |                            |  |                     |                 |               | Father's Birthplace <u>Md</u>         |
| Mother's Maiden Name <u>Irene Green</u>               |                            |  |                     |                 |               | Mother's Birthplace <u>Md</u>         |
| Name of person giving Information <u>Thos Jenkins</u> |                            |  |                     |                 |               | How related to deceased <u>Father</u> |

CAUSES OF DEATH

151

How long

How long

Primary Died suddenly but had

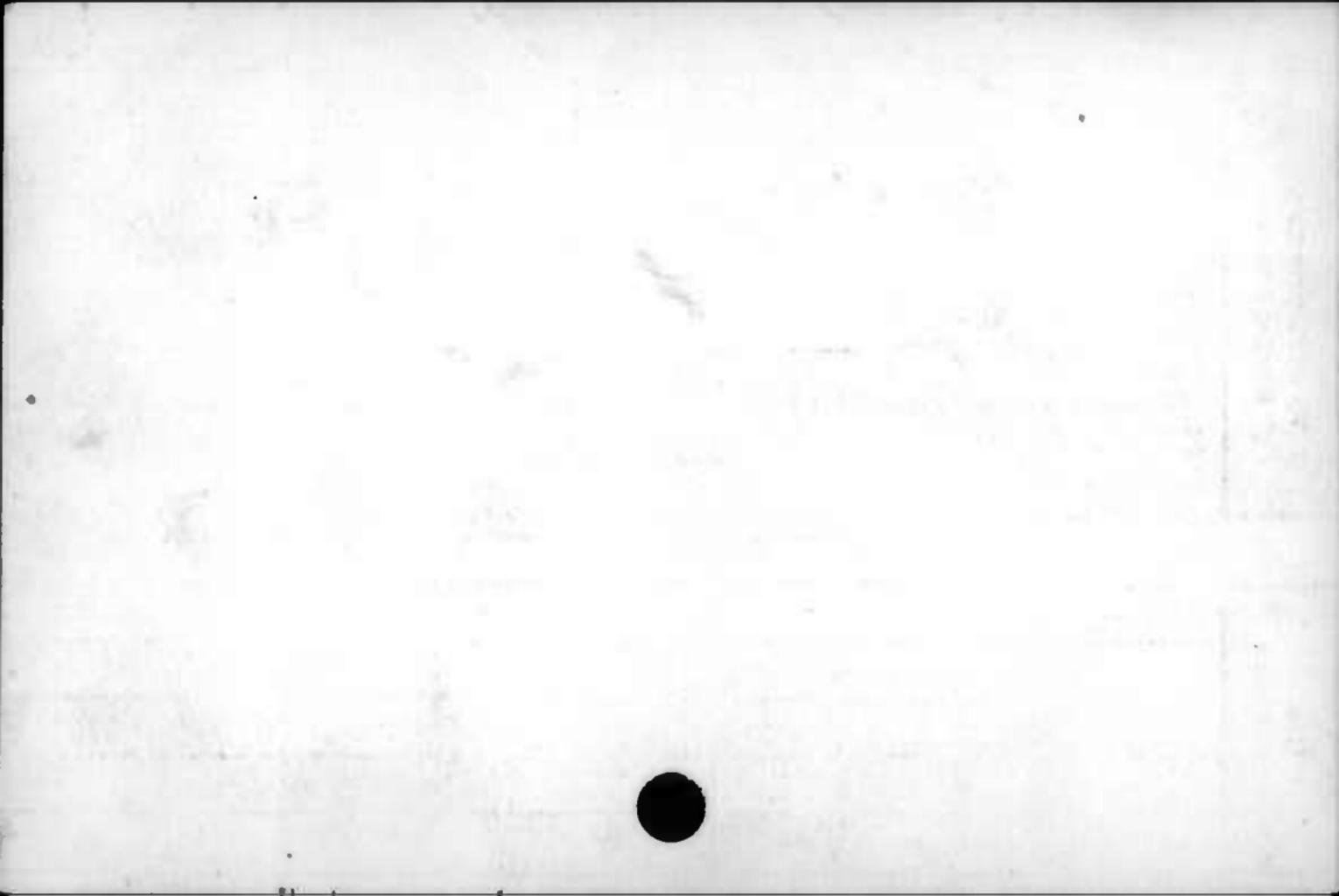
Immediate very very delient all its life

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Bessie Price Jones

CERTIFICATE OF DEATH

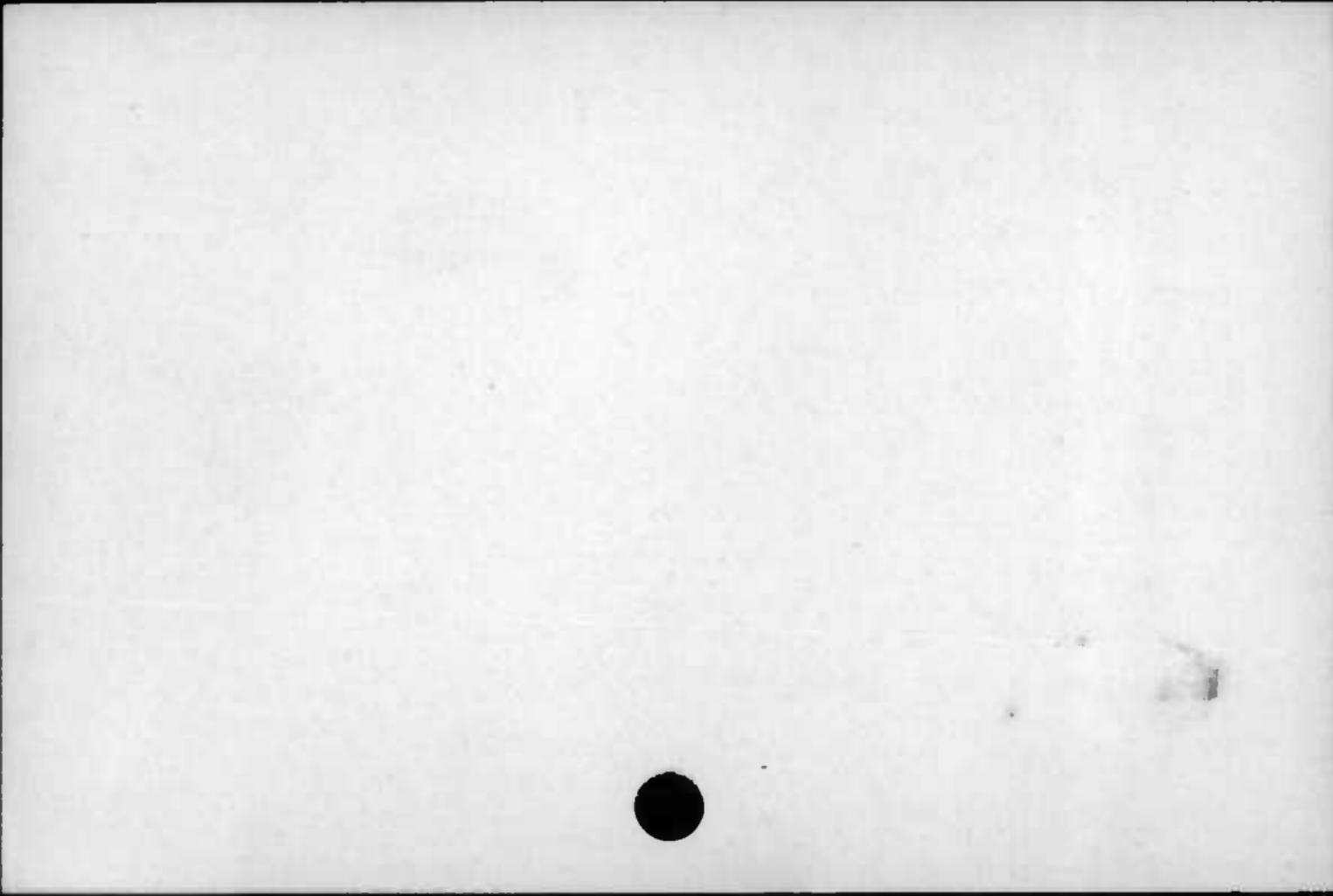
To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |             |          |             |
|-----------------------------------|---|-------------|----------|-------------|
| Died at                           | Town                                    | County      | MARYLAND |             |
| Date of death                     | Month                                   | Day         | Years    | Months Days |
| Sex                               | Color or Race                           | Age         | 16       | 10 25       |
| Occupation                        | Where Residing if not at place of death |             |          |             |
| Married, Single or Widowed        | Name of Wife or Husband                 | Elmer Jones |          |             |
| Father's Name                     | Troy Price                              |             |          |             |
| Mother's Maiden Name              | Kate Todd.                              |             |          |             |
| Name of person giving Information | Elmer Jones                             |             |          |             |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                        |                     |
|--|------------------------|---------------------|
| Primary  | ①                      | How long            |
| Typhoid Fever  | 4 weeks                |                     |
| Immediate  | 36 hours               | How long            |
| Hemorrhage   |                        |                     |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician | S. E. Zupp          |
|  | Address                | St. Michaels<br>Md. |
| Accident or Suicide?   |                        |                     |



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Margaret Catharine Jones

CERTIFICATE OF DEATH

|  |   |                        |          |          |              |
|--|---|------------------------|----------|----------|--------------|
| Died at                                      | Town                                    | County                 | MARYLAND |          |              |
| Date of death 1907                           | Month Aug                               | Year 12                | Age 1    | Months — | Days 0 days. |
| Sex Female                                   | Color or Race White                     | Birth-place Tolbot Co. |          |          |              |
| Occupation Child                             | Where Residing if not at place of death |                        |          |          |              |
| Married, Single or Widowed                   | Name of Wife or Husband                 |                        |          |          |              |
| Father's Name Elmer Jones                    | Father's Birthplace Tolbot Co.          |                        |          |          |              |
| Mother's Maiden Name Bessie Price            | Mother's Birthplace                     |                        |          |          |              |
| Name of person giving information Paul Price | How related to deceased Nelle           |                        |          |          |              |

CAUSES OF DEATH

105

How long

3 days

Primary

Cholera infantum

Immediate

Congestion of brain

How long

3 days

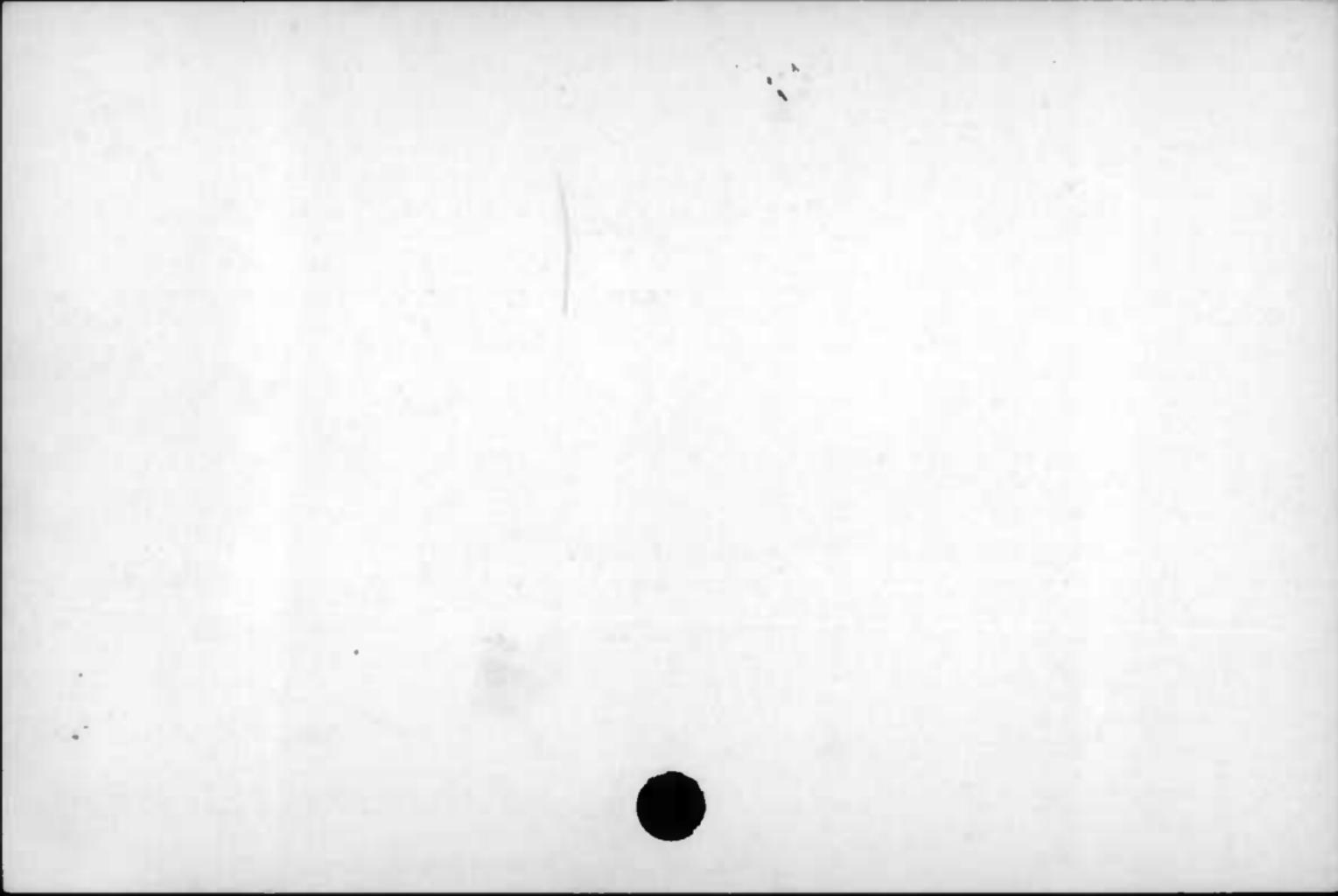
Are the name, age, sex, color, race and place correctly given above?

Signature of Physician

Address

H. G. D. P. H.  
St. Michaels  
Md.

Accident or Suicide?



Name  
in  
Full

Edwin F. Jumps

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |               |                         |   |           |                         |            |
|-----------------------------------|---------------|-------------------------|---|-----------|-------------------------|------------|
| Died at                           | Near Gordon   |                         | County                                  | Talbot    |                         |            |
| Date of death                     | Month         | Day                     | Years                                   | Months    | Days                    |            |
| Sex                               | Male          | Color or Race           | Age                                     | 73        |                         |            |
| Occupation                        | Farmer        |                         | Where Residing if not at place of death | Talbot Co |                         |            |
| Married, Single or Widowed        | Married       | Name of Wife or Husband | Maria P. Jumps                          |           | Father's Birthplace     | Caroline C |
| Father's Name                     | Chas M. Jumps |                         |   |           | Mother's Birthplace     | "          |
| Mother's Maiden Name              | Margaux Phatt |                         |   |           | How related to deceased | Son        |
| Name of person giving information | Howard Jumps  |                         |   |           |                         |            |

CAUSES OF DEATH

(41)

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

6 months

Immediate

General Anesthesia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

P. L. Traoros  
Boston and

J

Accident or Suicide?



Name  
in  
Full

Henry Matthew Kottcamp

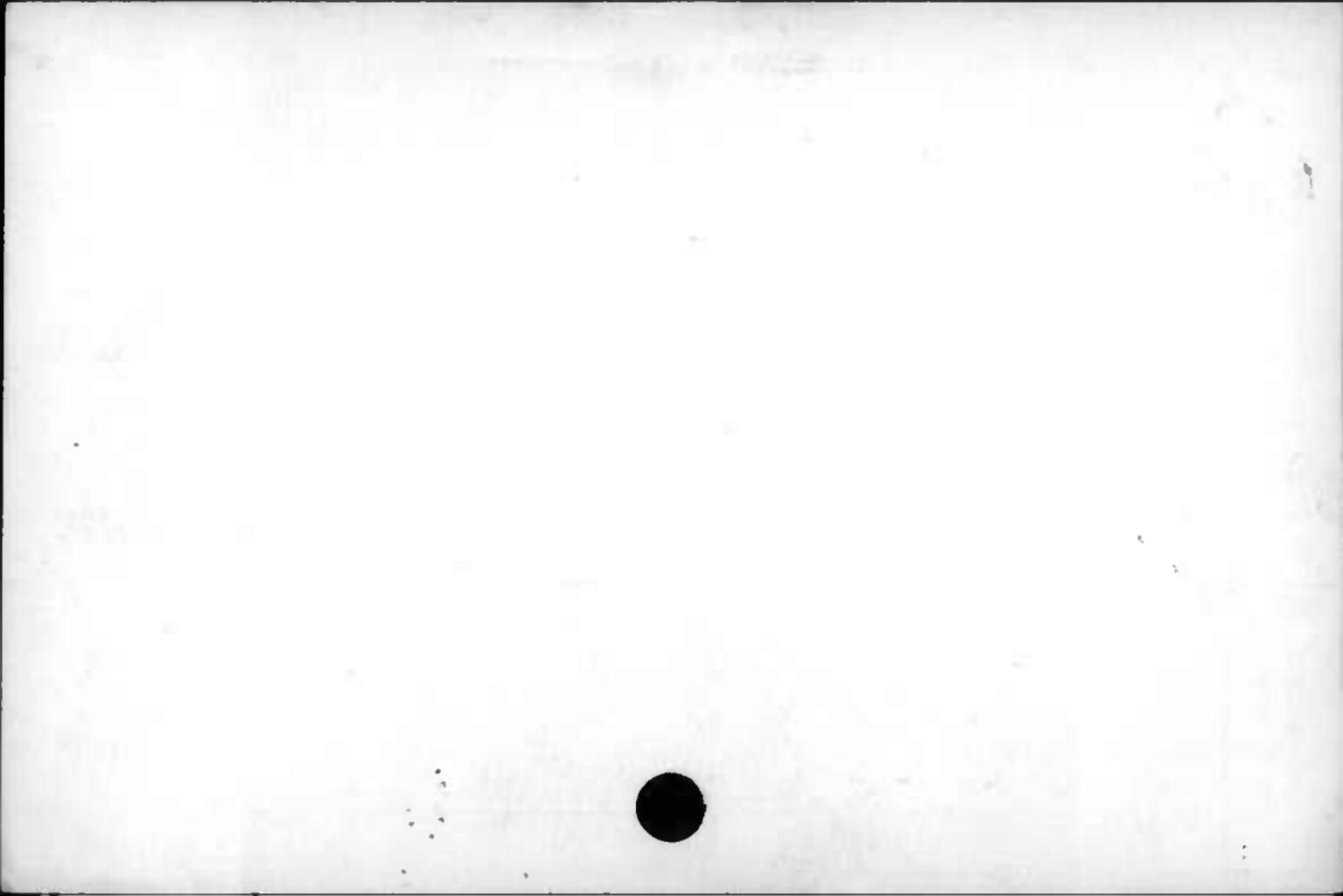
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                         |                         |             |               |
|-----------------------------------|---|-------------------------|-------------------------|-------------|---------------|
| Died at                           | Town                                    | County                  |                         | MARYLAND    |               |
| Died at                           | Easton                                  | Talbot                  |                         | MARYLAND    |               |
| Date of death                     | Month                                   | Day                     | Years                   | Months      | Days          |
| of death 1907                     | August                                  | sixth                   | Age                     | four        | sixteen       |
| Sex                               | Male                                    | Color or Race           | White                   | Birth-place | Easton        |
| Occupation                        | Where Residing if not at place of death |                         |                         |             |               |
| Married, Single or Widowed        | Single                                  | Name of Wife or Husband |                         |             |               |
| Father's Name                     | Samuel J. Kottcamp                      |                         | Father's Birthplace     |             | York Pa.      |
| Mother's Maiden Name              | M. Florence Matthew                     |                         | Mother's Birthplace     |             | Talbot Co. Md |
| Name of person giving information | S. J. Kottcamp                          |                         | How related to deceased |             | Father        |

CAUSES OF DEATH

|  |                 |                        |               |        |
|--|-----------------|------------------------|---------------|--------|
| Primary  | Enter - colitis | (105)                  | How long      | 3 mos  |
| Immediate  | Enthorax        |                        | How long      | 1 week |
| Are the name, age, sex, color, date and place correctly given above? |                 | Signature of Physician | Jas. R. Herod |        |
|  |                 | Address                | Eugene, Md    |        |
| Accident or Suicide?   |                 |                        |               |        |



Name  
in  
Full

Flower B Lane

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |  |               |       |             |           |
|-----------------------------------|--|---------------|-------|-------------|-----------|
| Died at                           | Town                                       | County        |       | MARYLAND    |           |
| Date of death                     | Month                                      | Day           | Years | Months      | Days      |
| of 1907 Aug                       |  | 28            | 1     |             | 5         |
| Sex                               | Female                                     | Color or Race | white | Birth place | Baltimore |
| Occupation                        | Where Residing if not<br>at place of death |               |       |             |           |
| Married, Single or Widowed        | Name of Wife or Husband                    |               |       |             |           |
| Father's Name                     | Leroy Lane                                 |               |       |             |           |
| Mother's Maiden Name              | Leah Robinson                              |               |       |             |           |
| Name of person giving Information | Leah Lane                                  |               |       |             |           |

CAUSES OF DEATH

Primary

Tum

61

How long

2 days

Immediate

Meningitis

How long

12 hours

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

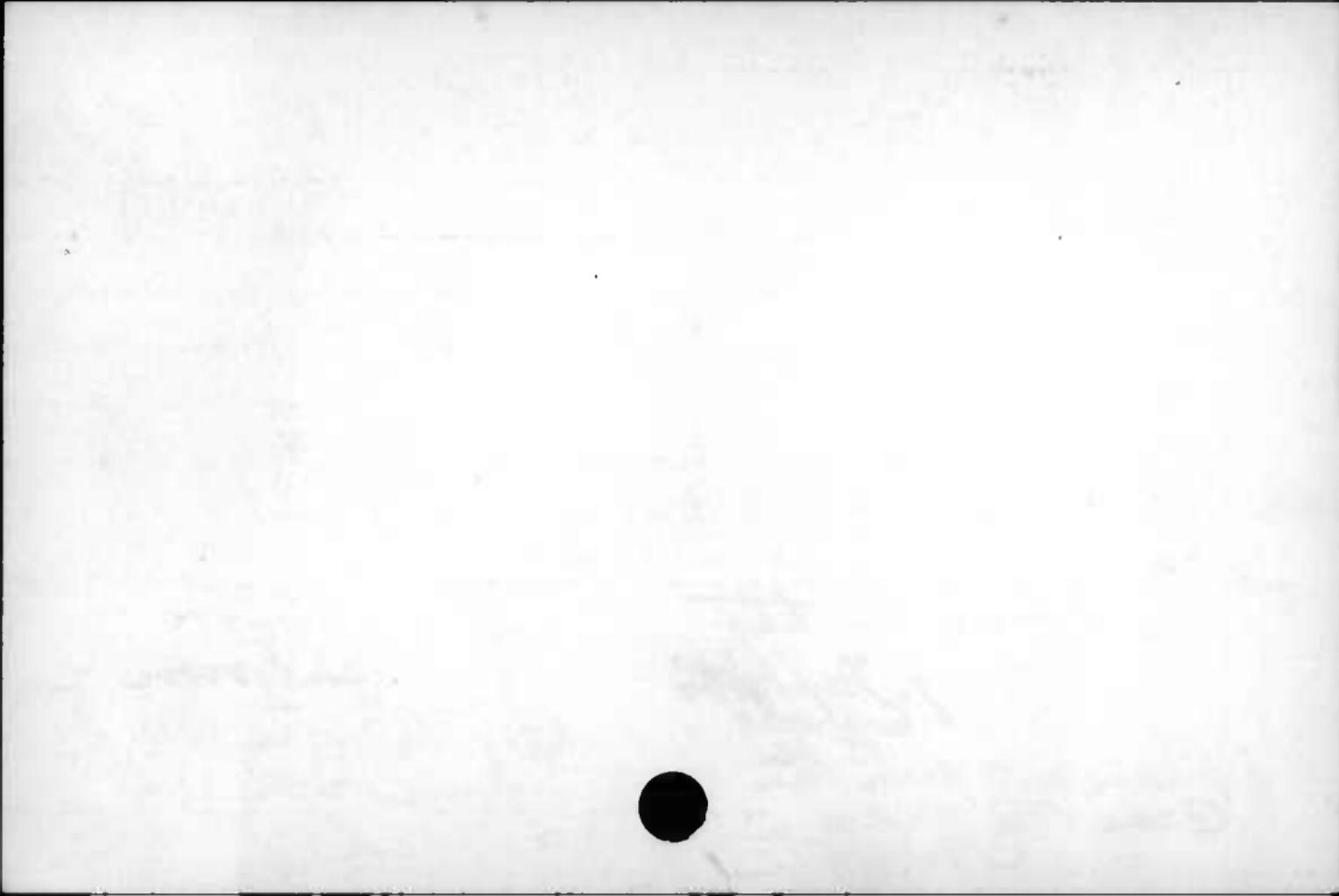
Yes

Signature of  
Physician

J. J. Merritt

Address  
Everyday, Md.

Accident or Suicide?



Name  
in  
Full

Anna Maria Madden

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|  |   |                                     |                     |               |                     |
|--|---|-------------------------------------|---------------------|---------------|---------------------|
| Died at  | Town                                    | County                              | MARYLAND            |               |                     |
| Date of death 1907                             | Month Aug                               | Day 22                              | Age 80              | Years         | Months — Days —     |
| Sex Female                                     | Color or Race Black                     | Birth-place Falbok                  |                     |               |                     |
| Occupation Housewife                           | Where Residing if not at place of death |                                     |                     |               |                     |
| Married, Single or Widowed Widow               | Name of Wife or Husband Jao Madden      | Father's Name                       | Father's Birthplace | Mother's Name | Mother's Birthplace |
| Name of person giving Information Jao. Sampson |   | How related to deceased no Relation |                     |               |                     |

PHYSICIAN  
OR CORONER

Primary

Chronic Cystitis

CAUSES OF DEATH

(133)

How long

Years -

Immediate

Probably Tephritis

How long

Unknown -

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

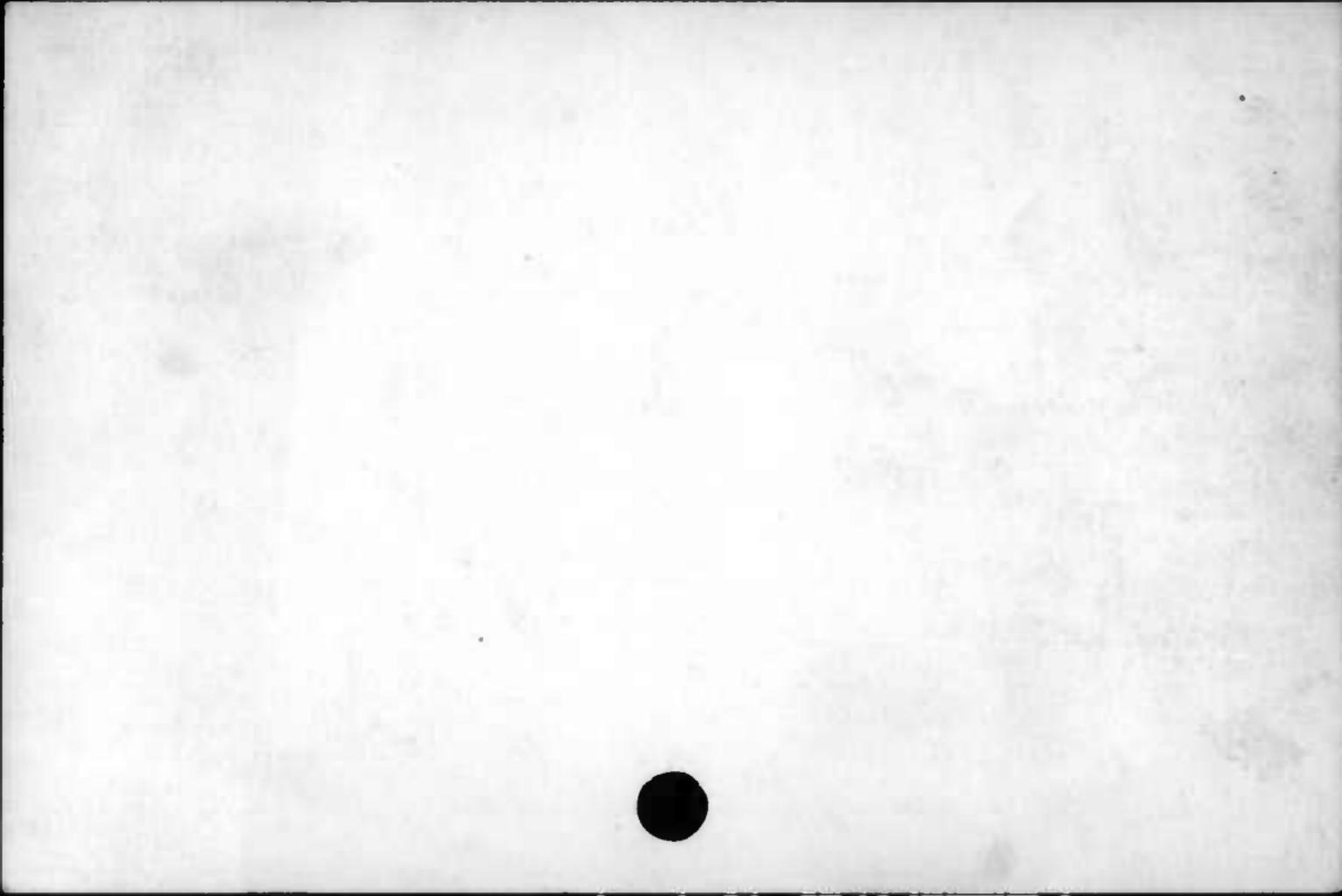
I have not seen the case this year

Address

C. M. Etelle, M.D.

Accident or Suicide? C. M. Etelle

Cordova -  
Md -



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

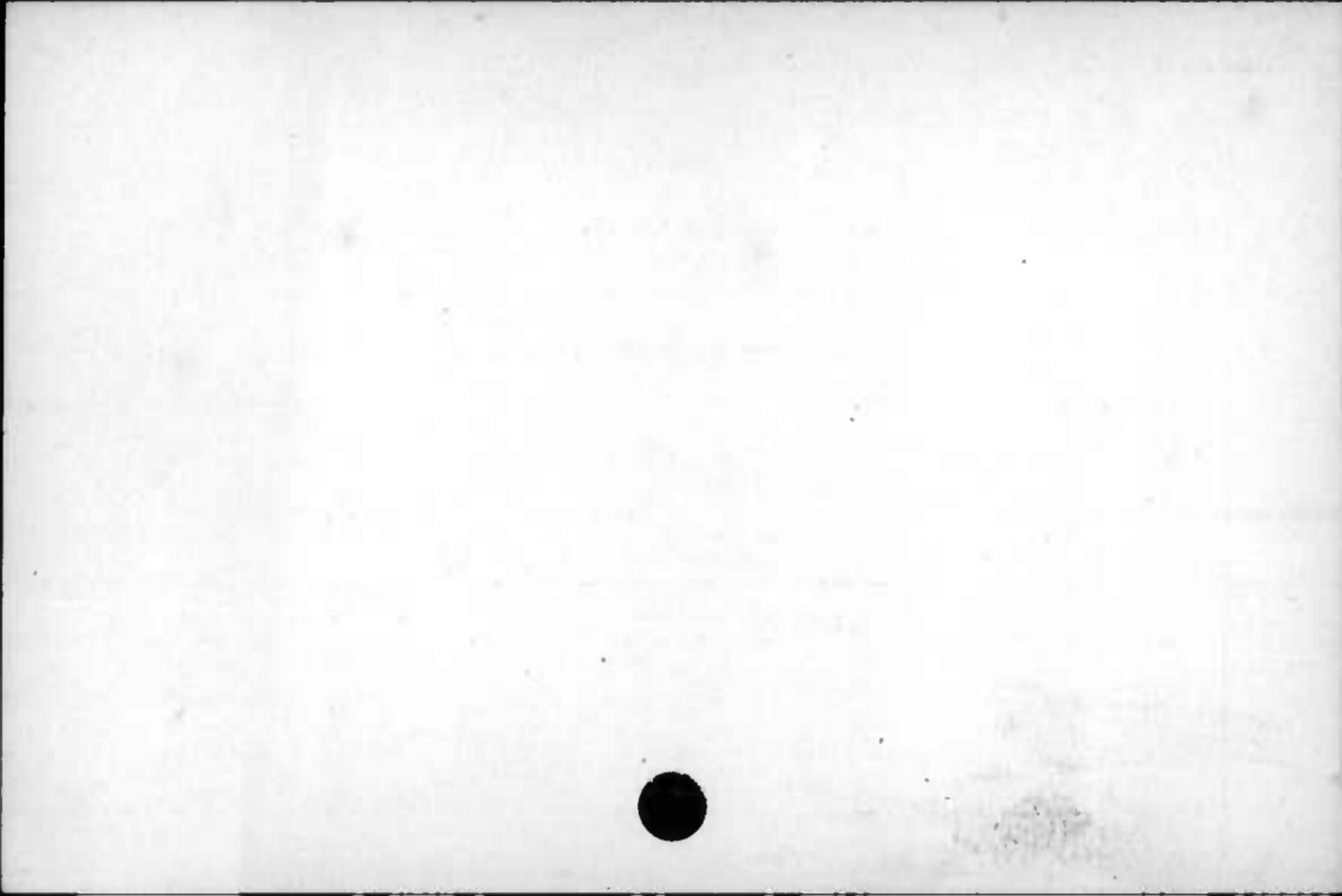
|  |  |                                |                        |                 |                |
|--|--|--------------------------------|------------------------|-----------------|----------------|
| Died at <u>St Michaels</u>                           |  | Town <u>Talbot</u>             | County <u>MARYLAND</u> |                 |                |
| Date of death <u>1907</u>                            | Month <u>Aug-</u>                                  | Day <u>2</u>                   | Years <u>—</u>         | Months <u>5</u> | Days <u>21</u> |
| Sex <u>Male</u>                                      | Color or Race <u>Colored</u>                       | Birth-place <u>St Michaels</u> |                        |                 |                |
| Occupation <u>infant</u>                             | Where Residing if not at place of death <u>" "</u> |                                |                        |                 |                |
| Married, Single or Widowed <u>"</u>                  | Name of Wife or Husband <u>        </u>            | Father's Birthplace <u>" "</u> |                        |                 |                |
| Father's Name <u>John W Miles</u>                    | Mother's Maiden Name <u>Julia Downs</u>            | Mother's Birthplace <u>" "</u> |                        |                 |                |
| Name of person giving Information <u>Julia Downs</u> | Half related to deceased                           | How long <u>one days</u>       |                        |                 |                |

CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <u>Wian Loan - Summer Complaint</u>  | How long <u>one days</u>                     |
| Immediate <u>heart failure</u>   | How long <u>            </u>                 |
| Are the name, age, sex, color, date and place correctly given above?<br><u>yes</u> | Signature of Physician<br><u>J C W Davis</u> |
|  | Address<br><u>St Michaels</u>                |
| Accident or Suicide?<br><u>and</u>   |  |



Name  
in  
Full

Frank Murray

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |                 |                           |  |               |  |
|---|--|--|-----------------|---------------------------|--|---------------|--|
| Died at <u>near Easton</u>                            |  | Town <u>Town</u>                                       |                 | County <u>Talbot</u>      |  | MARYLAND      |  |
| Date of death <u>1907 Aug</u>                         | Month <u>Aug</u>                       | Day <u>26</u>  | Years <u>80</u> | Months <u>-</u>           |  | Days <u>-</u> |  |
| Sex <u>Male</u>                                       | Color or Race <u>Beach</u>             | Where Residing if not at place of death <u>Unknown</u> |                 | Birth-place <u>Talbot</u> |  |               |  |
| Occupation <u>Farmer</u>                              |  |  |                 |                           |  |               |  |
| Married, Single or Widowed <u>widower</u>             | Name of Wife or Husband <u>Unknown</u> |  |                 |                           |  |               |  |
| Father's Name <u>not known</u>                        |  |  |                 |                           | Father's Birthplace <u>Not known</u>       |               |  |
| Mother's Maiden Name <u>not known</u>                 |  |  |                 |                           | Mother's Birthplace <u>Not known</u>       |               |  |
| Name of person giving information <u>James Gibson</u> |  |  |                 |                           | How related to deceased <u>No relation</u> |               |  |

CAUSES OF DEATH

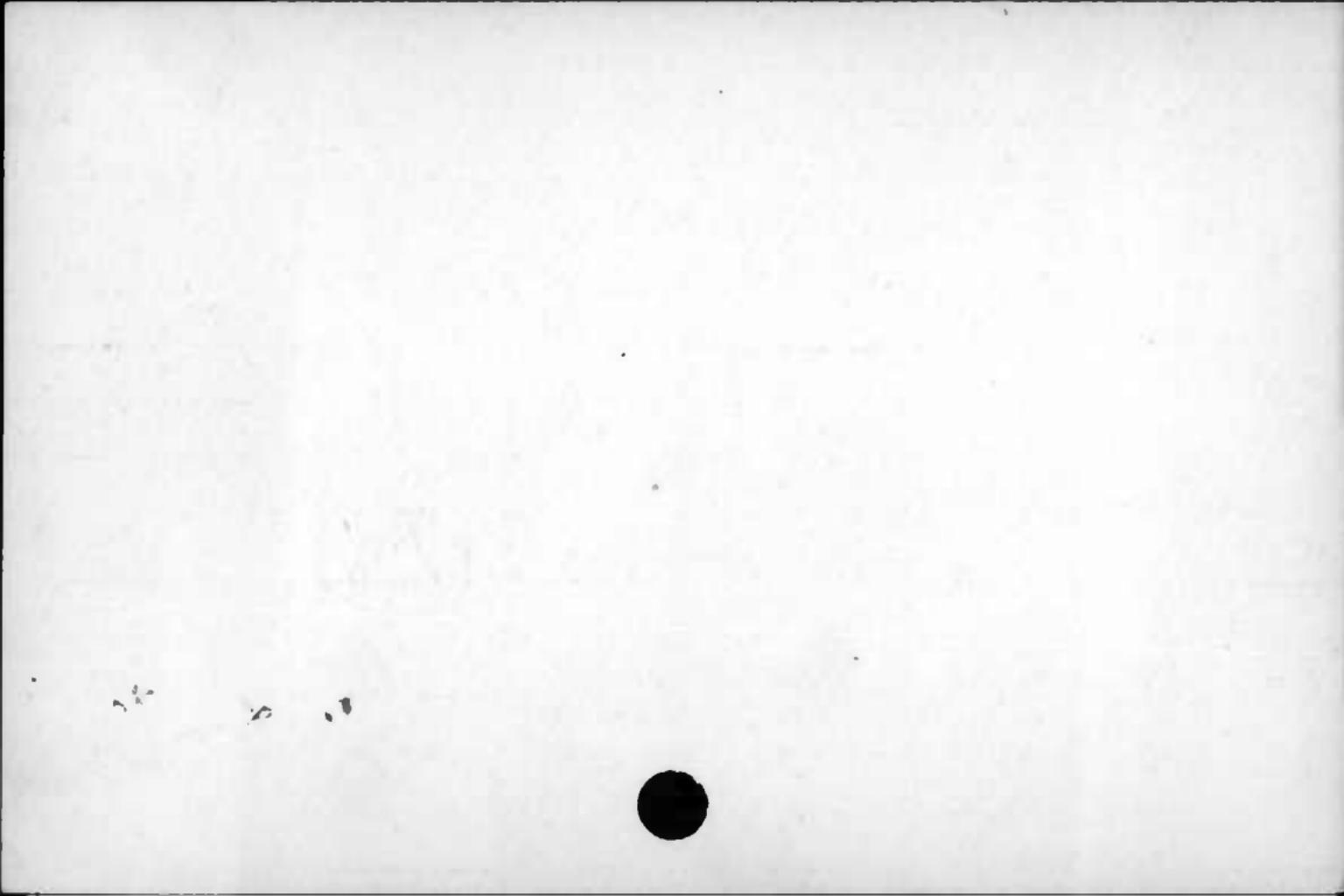
154

How long

How long

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <u>Not sick but died of old age</u>  | Signature of Physician <u>No Physician. John B</u> |
| Immediate  | Address <u>Fairbank Easton Md.</u>                 |
| Are the name, age, sex, color, date and place correctly given above?<br><u>Yes</u> | Subsequent<br><u>Surgeon</u>                       |
| Accident or Suicide?   |  |



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Katharine Pardoe

CERTIFICATE OF DEATH

|                                   |   |        |          |             |
|-----------------------------------|---|--------|----------|-------------|
| Died at                           | Town                                    | County | MARYLAND |             |
| Date of death                     | Month                                   | Day    | Years    | Months Days |
| Sex                               | Color or Race                           | Age    |          |             |
| Occupation                        | Where Residing if not at place of death |        |          |             |
| Married, Single or Widowed        | Name of Wife or Husband                 |        |          |             |
| Father's Name                     | John S. E Pardoe                        |        |          |             |
| Mother's Maiden Name              | Mary Augusta Walls                      |        |          |             |
| Name of person giving Information | John S. E Pardoe                        |        |          |             |

CAUSES OF DEATH

105

Primary Cholera Infantum 30 days  
How long  
Immediate Sub Acute Meningitis 30 days  
How long  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician Robert Ray Roth M.D.  
Address Easton, Md.

Accident or Suicide? No



Name  
in  
Full

Thomas G. Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

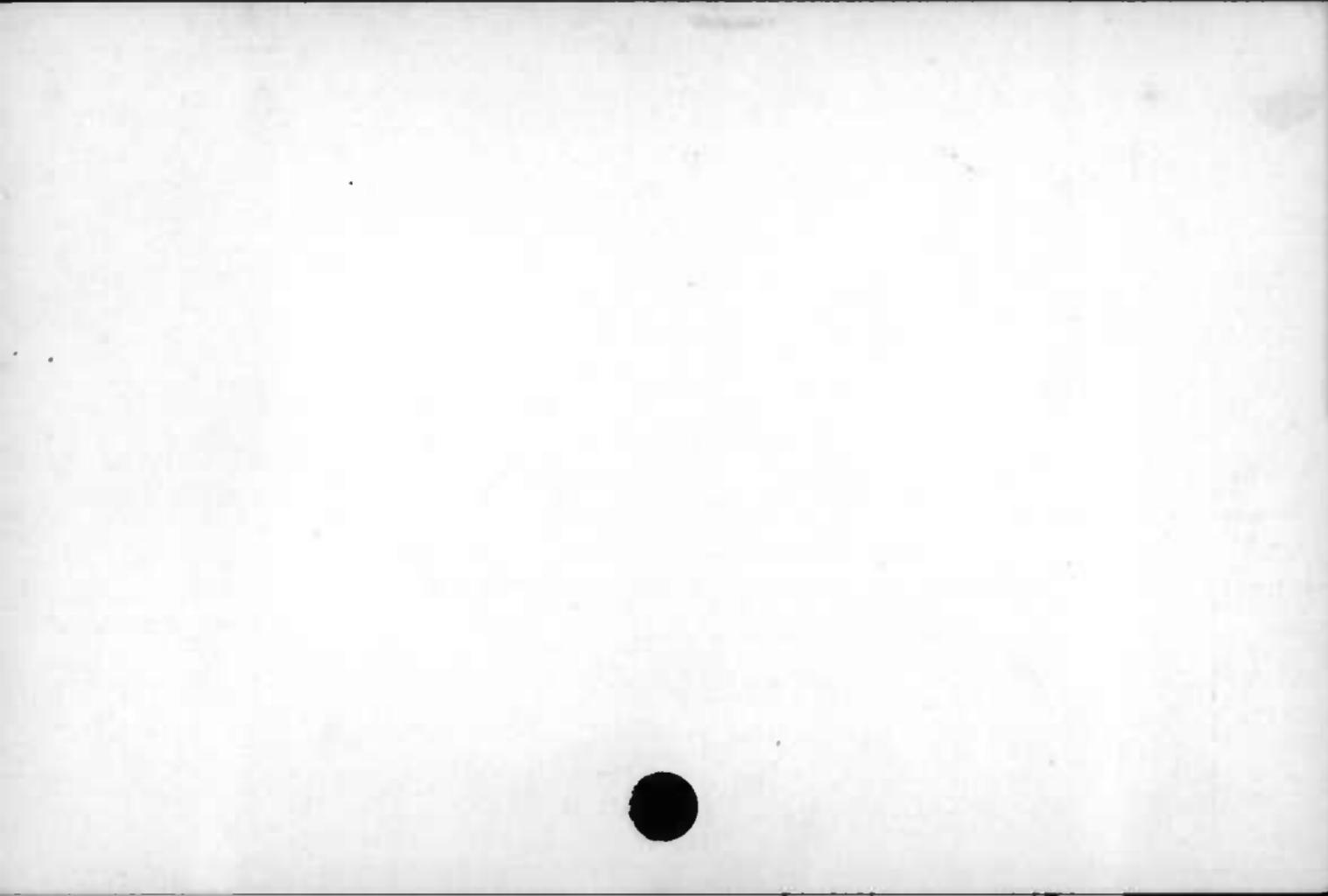
|                                   |              |   |                  |                      |                          |    |
|-----------------------------------|--------------|---|------------------|----------------------|--------------------------|----|
| Died at                           | St. Michaels | Town                                    | Talbot           | County               | MARYLAND                 |    |
| Date of death                     | 1907 Aug     | Month                                   | 29               | Day                  | Years                    | 62 |
| Sex                               | Male         | Color or Race                           | Colored          | Birth-place          | Trappe, Md               |    |
| Occupation                        | Laborer      | Where Residing if not at place of death |                  |                      |                          |    |
| Married, Single or Widowed        | Married      | Name of Wife or Husband                 | Leah Downs Payne |                      |                          |    |
| Father's Name                     | Jesse Bryan  |   |                  | Father's Birthplace  | Trappe <sup>suburb</sup> |    |
| Mother's Maiden Name              | Mary         | —                                       | Payne            | Mother's Birthplace  | Trappe <sup>suburb</sup> |    |
| Name of person giving information | Leah Payne   |   |                  | How related deceased | Widow                    |    |

CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

|  |                      |                        |                     |                |
|--|----------------------|------------------------|---------------------|----------------|
| Primary  | Carcinoma of Stomach |                        | How long            | About 6 months |
| Immediate  | Respiratory Failure  |                        | How long            | —              |
| Are the name, age, sex, color, date and place correctly given above? | Yes                  | Signature of Physician | J. A. Slope M.D.    |                |
|  |                      | Address                | St. Michaels<br>Md. |                |
| Accident or Suicide?   |                      |                        |                     |                |



Name  
in  
Full

M. Deloras Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                          |   |       |          |         |
|-----------------------------------|--------------------------|---|-------|----------|---------|
| Died at                           | Town                     | County                                  |       | MARYLAND |         |
| St. Michaels                      | Talbot                   |   |       |          |         |
| Date of death                     | Month                    | Day                                     | Years | Months   | Days    |
| 1907                              | Aug                      | 26                                      | —     | 6        | 21 days |
| Sex                               | Color or Race            | Where Residing if not at place of death |       |          |         |
| Female                            | White                    |   |       |          |         |
| Occupation                        |                          |   |       |          |         |
| Married, Single or Widowed        | Name of Wife or Husband  |   |       |          |         |
| —                                 | —                        |   |       |          |         |
| Father's Name                     | Vernon Porter            | Father's Birthplace                     |       | Md.      |         |
| Mother's Maiden Name              | Eveline Aleyander Porter | Mother's Birthplace                     |       | Md.      |         |
| Name of person giving Information | Eveline Aleyander Porter | How related to deceased                 |       | nister   |         |

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Marasmus

How long

4 months

Immediate

General asthma

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

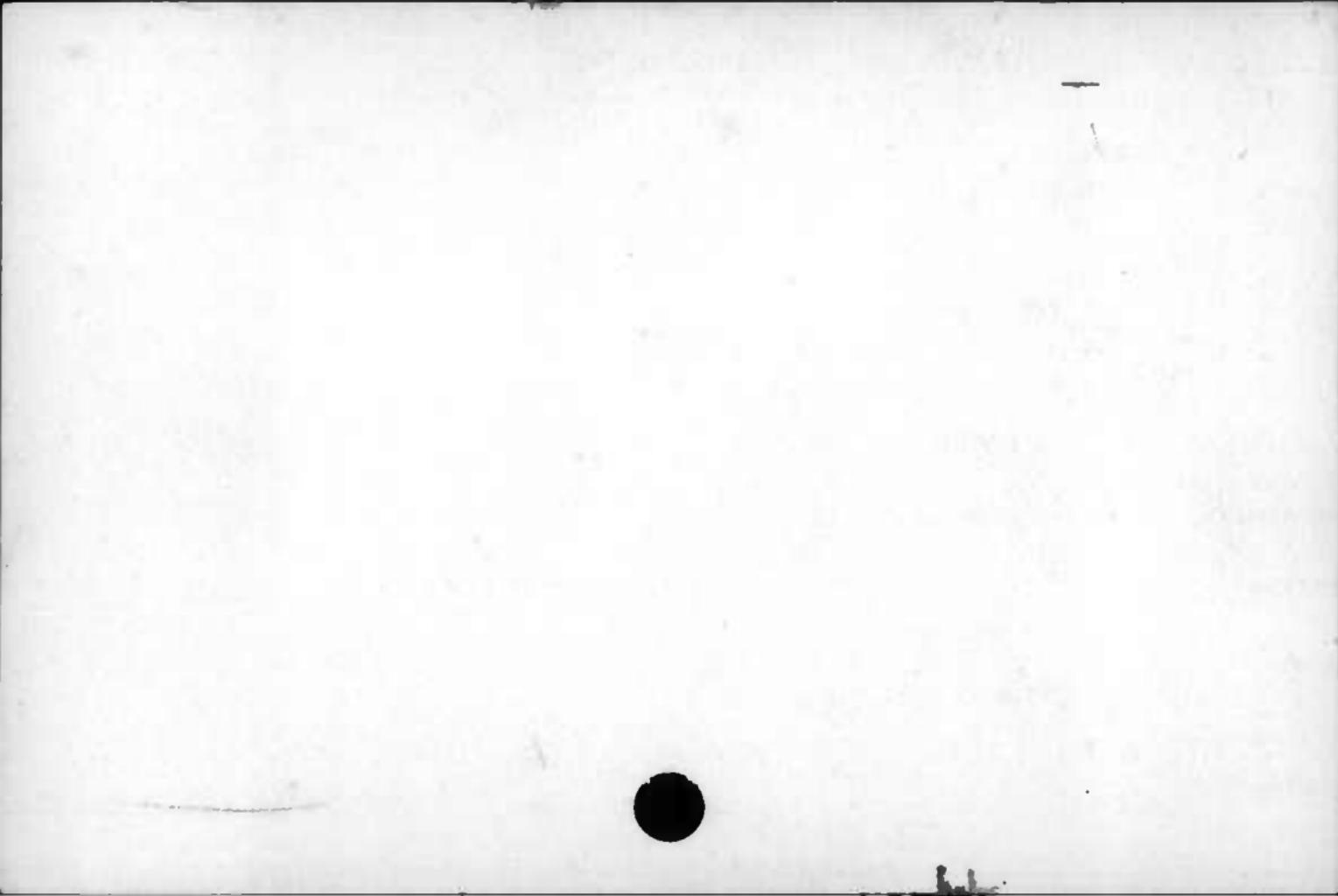
Signature of Physician

W E Zapp

Address

St. Michaels  
Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

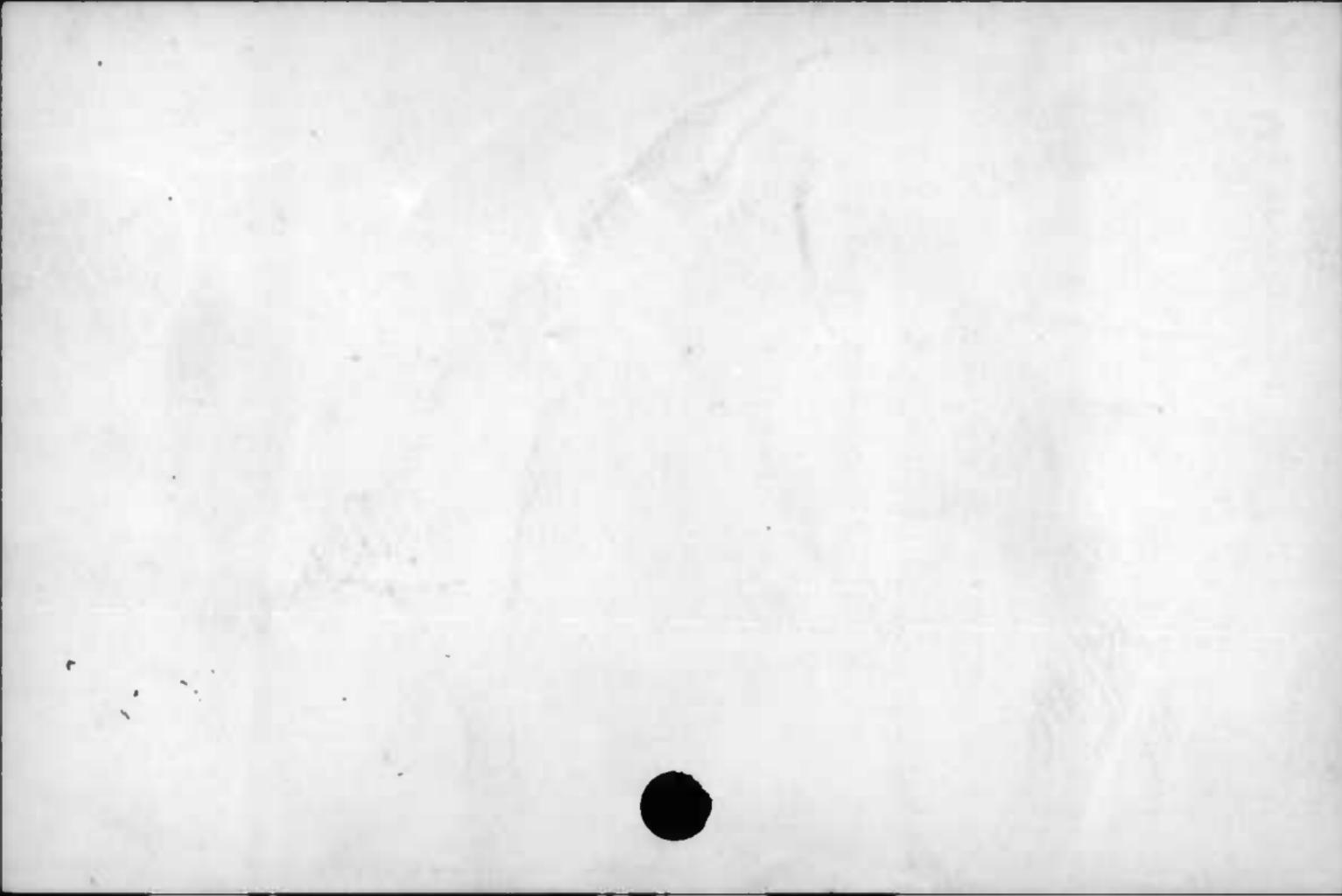
## CERTIFICATE OF DEATH

|                                      |  |  |                      |        |      |
|--------------------------------------|--|--|----------------------|--------|------|
| Died at                              | Town<br><i>Otford</i>                      | County<br><i>Baltimore</i>                         | MARYLAND             |        |      |
| Date<br>of death 190                 | Month<br><i>Aug.</i>                       | Day<br><i>29.</i>                                  | Years                | Months | Days |
| Sex<br><i>Female</i>                 | Color or<br>Race<br><i>White</i>           | Birth-<br>place<br><i>Cappe Mu.<br/>otford Mu.</i> |                      |        |      |
| Occupation                           | Where Residing if not<br>at place of death |  |                      |        |      |
| Married, Single<br>or Widowed        | Name of Wife or<br>Husband                 |  |                      |        |      |
| Father's<br>Name                     | <i>Erich Spahl</i>                         | Father's<br>Birthplace                             | <i>Germany</i>       |        |      |
| Mother's<br>Maiden Name              | <i>Lilly Greenbaum</i>                     | Mother's<br>Birthplace                             | <i>Lemington Mu.</i> |        |      |
| Name of person giving<br>Information | <i>Erich Proche</i>                        | How related<br>to deceased                         | <i>Father</i>        |        |      |

## CAUSES OF DEATH

104

|   |                                |                           |                      |
|---|--------------------------------|---------------------------|----------------------|
| Primary   | <i>Inflammation of Stomach</i> | How long                  | <i>2 months.</i>     |
| Immediate   | <i>Physical exhaustion</i>     | How long                  | <i>3 days.</i>       |
| Are the name, age, sex, color, date<br>and place correctly given above? | <i>Yes</i>                     | Signature of<br>Physician | <i>J. M. Cade Md</i> |
|   |                                | Address                   | <i>otford Mu</i>     |
| Accident or Suicide?  |                                |                           |                      |



Name  
in  
Full

Mary Elizabeth Reddie

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                        |          |        |        |
|-----------------------------------|---|------------------------|----------|--------|--------|
| Died at                           | Town                                    | County                 | MARYLAND |        |        |
| Date of death 1907                | Month aug.                              | Day 18                 | Years 1  | Months | Days 7 |
| Sex female                        | Color or Race white                     | Birth-place Easton Md. |          |        |        |
| Occupation                        | Where Residing if not at place of death |                        |          |        |        |
| Married, Single or Widowed        | Name of Wife or Husband                 |                        |          |        |        |
| Father's Name                     | William Reddie                          |                        |          |        |        |
| Mother's Maiden Name              | Alice Gale                              |                        |          |        |        |
| Name of person giving information | William Reddie                          |                        |          |        |        |
| Father's Birthplace               | Laevonius                               |                        |          |        |        |
| Mother's Birthplace               | Easton Md                               |                        |          |        |        |
| How related to deceased           | Father                                  |                        |          |        |        |

CAUSES OF DEATH

119

Primary Acute Nephritis

Immediate & Cyanosis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

How long

8 days

How long

24 hrs

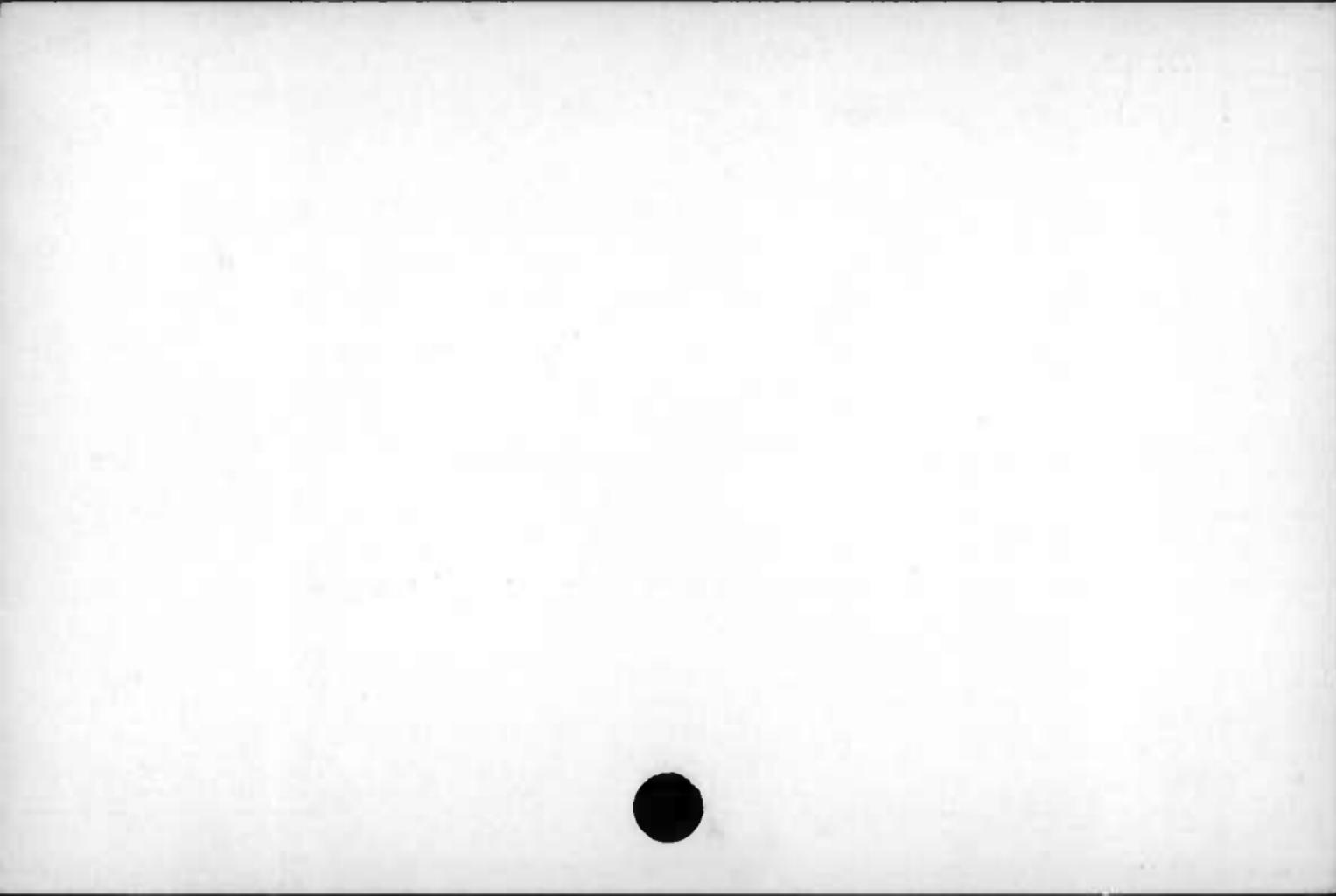
Phys. J. D. Doidan

Easton

Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Geo. Wm. Roberts

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|  |   |                                 |                 |                |
|--|---|---------------------------------|-----------------|----------------|
| Died at <u>New Haven</u> Town                          | <u>Tulsa</u> County                     |                                 |                 |                |
| Date of death <u>190</u> Month <u>Aug</u>              | Day <u>17</u>                           | Years <u>—</u>                  | Months <u>1</u> | Days <u>27</u> |
| Sex <u>Male</u>  | Color or Race <u>Blk</u>                | Birth-place <u>N.Y.</u>         |                 |                |
| Occupation <u>—</u>                                    | Where Residing if not at place of death |                                 |                 |                |
| Married, Single or Widowed <u>—</u>                    | Name of Wife or Husband <u>—</u>        | Father's Birthplace <u>N.Y.</u> |                 |                |
| Father's Name <u>Walter E. Roberts</u>                 | Mother's Maiden Name <u>Ruth Howard</u> | Mother's Birthplace <u>N.Y.</u> |                 |                |
| Name of person giving information <u>W. E. Roberts</u> | How related to deceased <u>Father</u>   |                                 |                 |                |

CAUSES OF DEATH

105-

PHYSICIAN  
OR CORONER

Primary

Indigestion

How long

1 m.

Immediate

Enter - colitis

How long

1 "

Are the name, age, sex, color, date and place correctly given above?

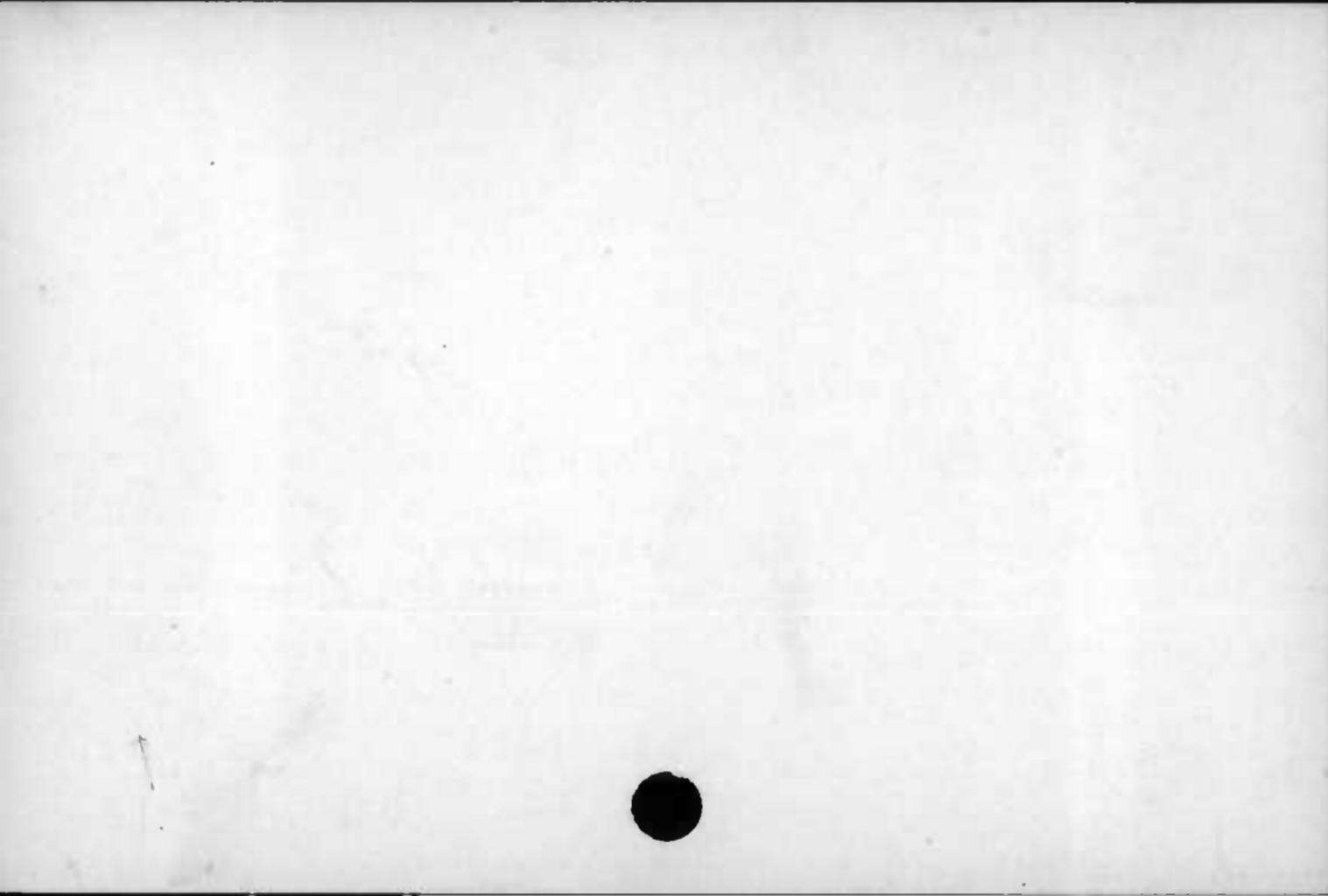
Signature of Physician

Address

J. B. Morris

Every day

Accident or Suicide?



Name  
in  
Full

Melvyn Seymour

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                         |            |        |        |
|-----------------------------------|---|-------------------------|------------|--------|--------|
| Died at                           | Town                                    | County                  | MARYLAND   |        |        |
| Date of death                     | Month                                   | Year                    | Age        | Months | Days   |
| Sex                               | Color or Race                           | White                   | Birthplace |        |        |
| Occupation                        | Where Residing if not at place of death |                         |            |        |        |
| Married, Single or Widowed        | Name of Wife or Husband                 |                         |            |        |        |
| Father's Name                     | Charles E. Seymour                      | Father's Birthplace     |            |        | bed    |
| Mother's Maiden Name              | Susie Kirby                             | Mother's Birthplace     |            |        | bed    |
| Name of person giving information | C.S. Seymour                            | How related to deceased |            |        | Father |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Weakness

104

How long

7 days

Immediate

Incontinence

How long

2 "

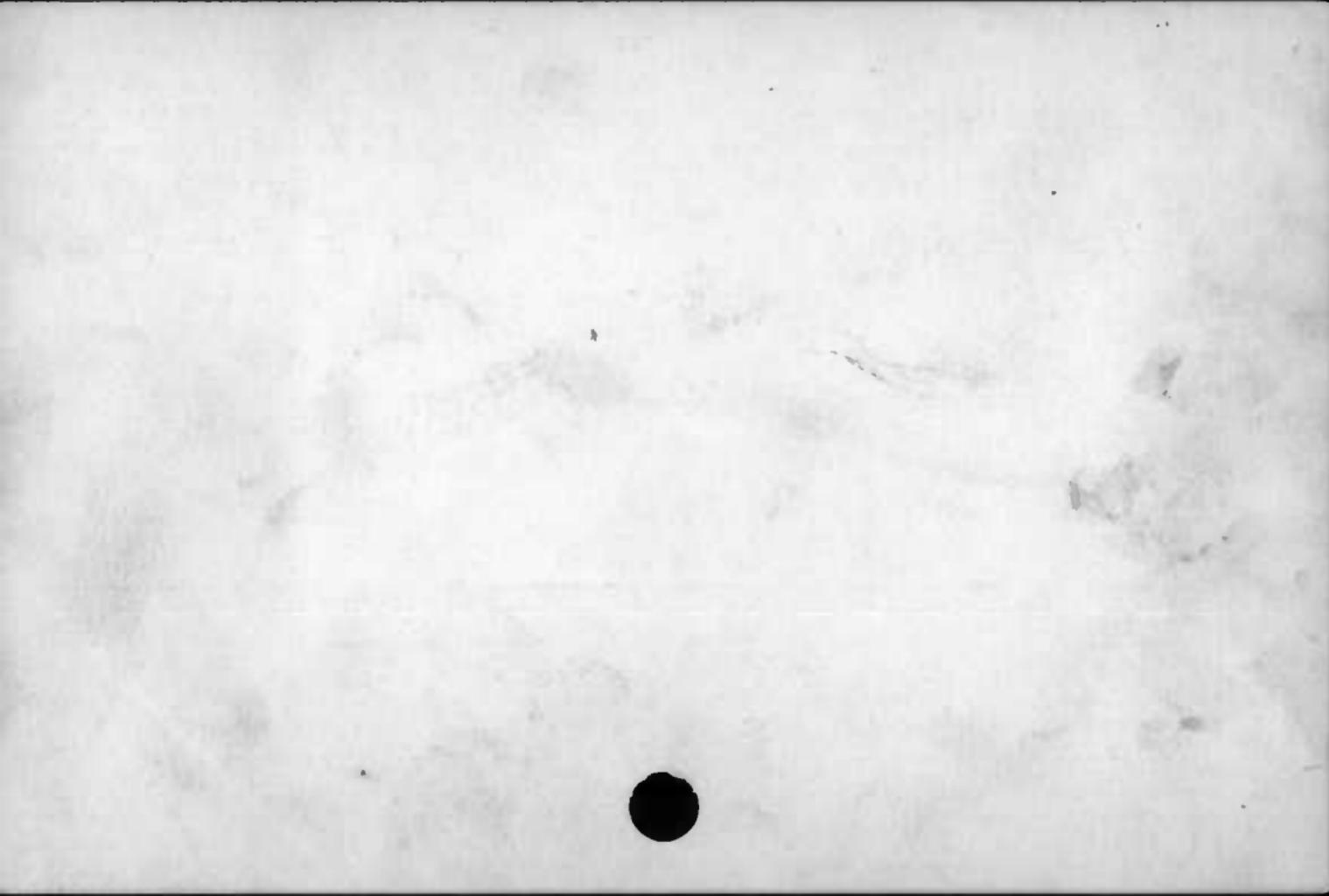
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Ernest  
Gutney

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Lawrence Lee Thomas Sinclair

CERTIFICATE OF DEATH

|                                   |   |               |          |             |            |                         |            |
|-----------------------------------|---|---------------|----------|-------------|------------|-------------------------|------------|
| Died at                           | Town                                    | County        | MARYLAND |             |            |                         |            |
| Date of death                     | Month                                   | Day           | Years    | Months      | Days       |                         |            |
| 1907                              | Aug                                     | 12            | Age      | 7           | 30         |                         |            |
| Sex                               | Male                                    | Color or Race | White    | Birth-place | Silgman Md |                         |            |
| Occupation                        | Where Residing if not at place of death |               |          |             |            |                         |            |
| Married, Single or Widowed        | Name of Wife or Husband                 |               |          |             |            |                         |            |
| Father's Name                     | Alexander James Sinclair                |               |          |             |            | Father's Birthplace     | Silgman Md |
| Mother's Maiden Name              | Osa Seluda Rude                         |               |          |             |            | Mother's Birthplace     | VA         |
| Name of person giving Information | Helen Rude                              |               |          |             |            | How related to deceased | Sister     |

CAUSES OF DEATH

(105)

Primary

Stroke

How long

Immediate

Enteritis - Colitis

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

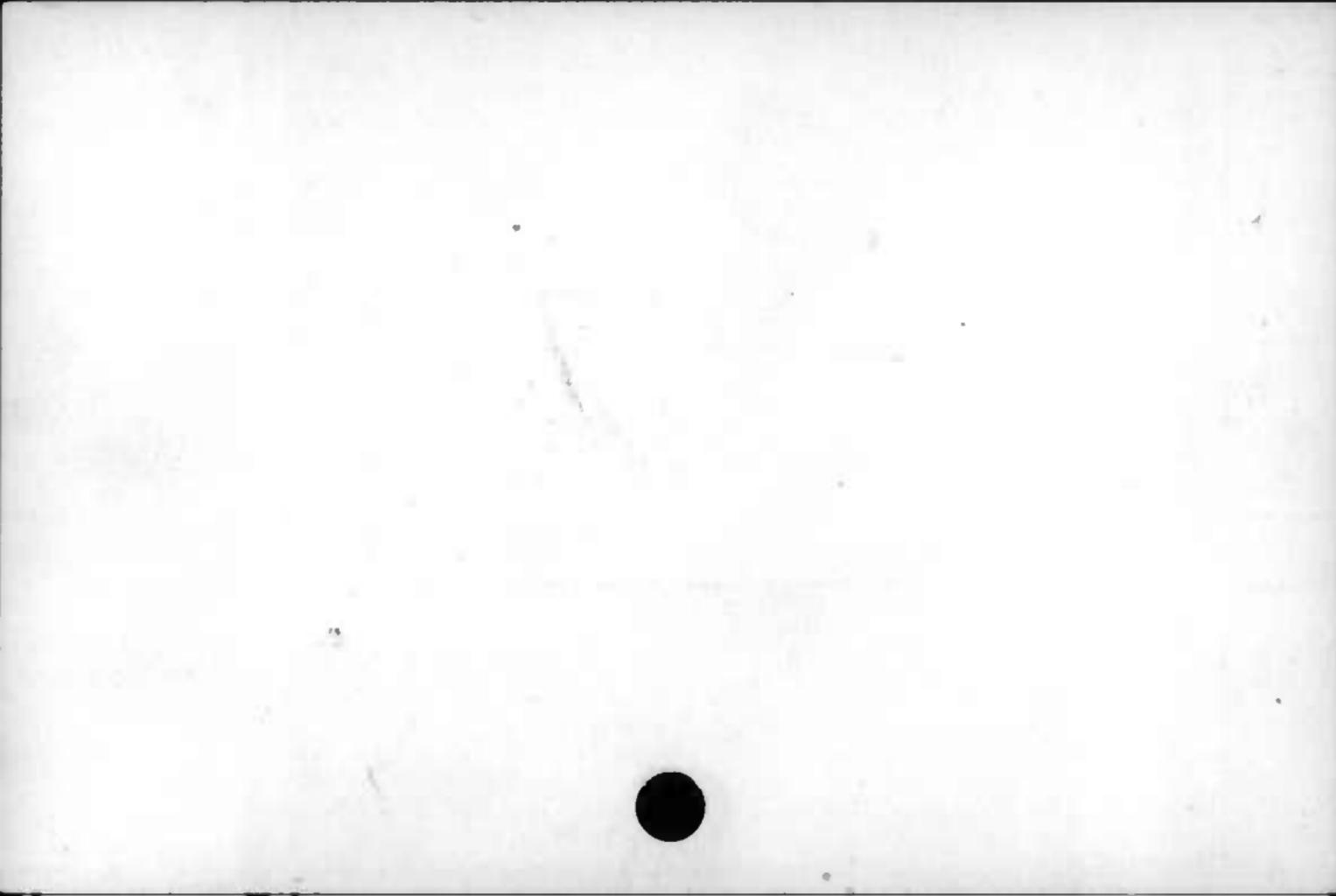
S. Kennedy Wilson

Address

Silgman  
Md

Accident or Suicide?

No



Royce. Slaughter

Town

Drappe

County

Salbot

MARYLAND

Died near

Month Day

Y. M. D.

Native of

Occupation

Date 1907

8 22

3 27

Salbot Co

Male

White

Age

Widow

Female

Colored

Married

Divorced

Single

Widower

Number of children living

Husband of

Wife

Father's

Name Tilghman Slaughter

Mother's

Maiden Name

annie. Hutchinson

Cause of

Primary

Cholera Infantum

How long sick

18 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

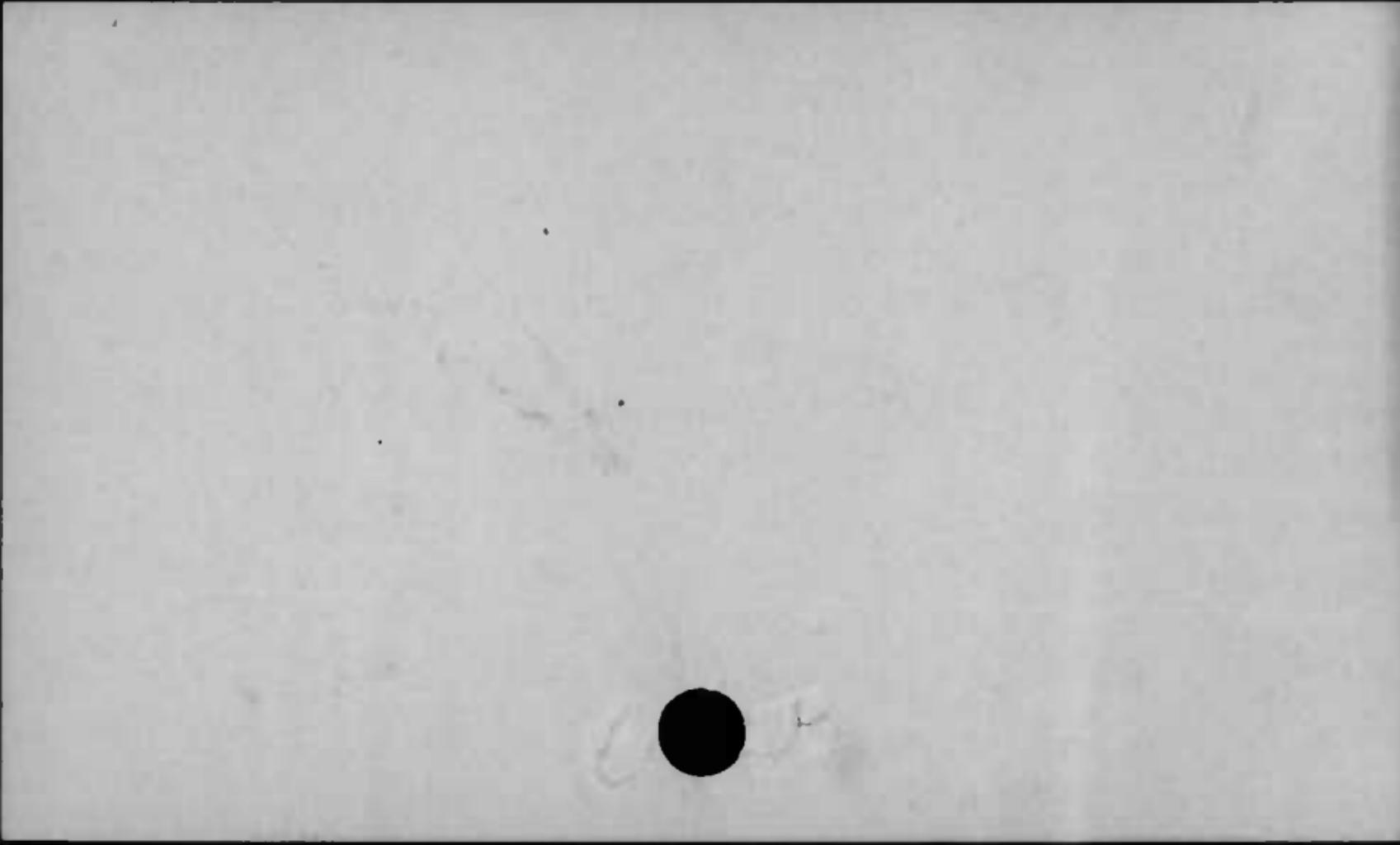
Reported by

Joseph A Ross Jr

Address

Drappe Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Royce Slaughter

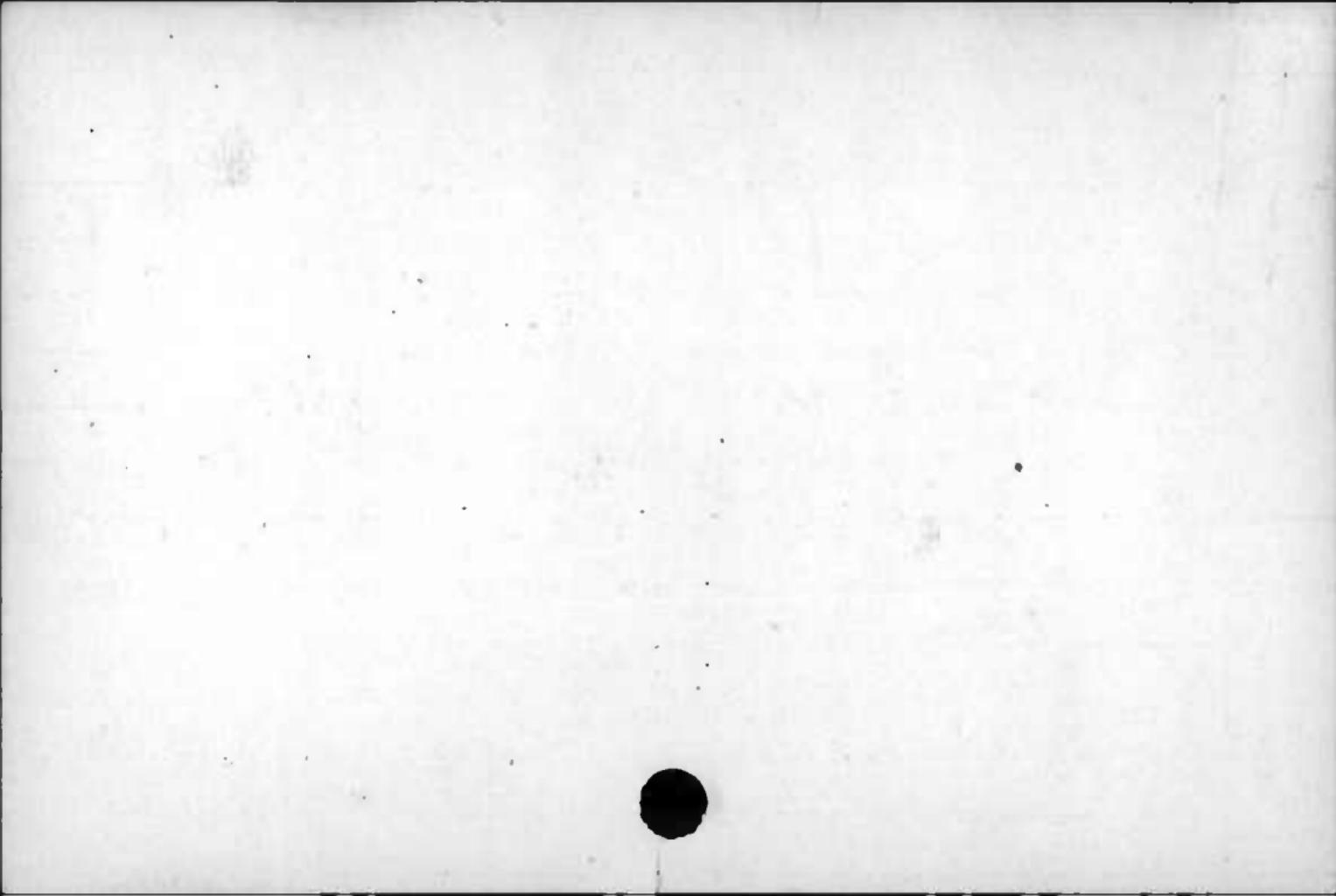
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                       |   |                          |                                |       |                  |  |
|---------------------------------------|---|--------------------------|--------------------------------|-------|------------------|--|
| Died near                             | Town                                    | County                   | MARYLAND                       |       |                  |  |
| Date of death 1907                    | Month 8                                 | Day 22                   | Age                            | Years | Months 3 Days 27 |  |
| Sex Male                              | Color or Race Negro                     | Birth-place Talbot Co Md |                                |       |                  |  |
| Occupation None                       | Where Residing if not at place of death |                          |                                |       |                  |  |
| Married, Single or Widowed Single     | Name of Wife or Husband                 |                          |                                |       |                  |  |
| Father's Name Elighnus Slaughter      | Father's Birthplace Talbot Co Md        |                          |                                |       |                  |  |
| Mother's Maiden Name Annie Hutchinson | Mother's Birthplace Talbot Co Md        |                          |                                |       |                  |  |
| Name of person giving Information "   | "                                       | (65)                     | How related to deceased Mother |       |                  |  |

CAUSES OF DEATH

|  |  |
|--|--|
| Primary Cholera Infantum   | How long 18 days.                          |
| Immediate Exhaustion   | How long                                   |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician Joseph A. Ross M.D. |
| Yes  | Address Trappe, Talbot Co, Md              |
| Accident or Suicide?   |  |



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Damus Smith

CERTIFICATE OF DEATH

|                                       |            |   |            |       |          |      |                         |
|---------------------------------------|------------|---|------------|-------|----------|------|-------------------------|
| Died at                               |            | Town                                    | County     |       | MARYLAND |      |                         |
| Date of death                         | 1907 Aug   | Month                                   | Day        | Years | Months   | Days |                         |
| Sex                                   | Male       | Color or Race                           | Age        | 72    |          |      |                         |
| Occupation                            | Farmer     | Where Residing if not at place of death |            |       |          |      |                         |
| Married, <del>Single</del> or Widowed |            | Name of Wife or Husband                 | Mary Smith |       |          |      |                         |
| Father's Name                         | Fred Smith |   |            |       |          |      | Father's Birthplace     |
| Mother's Maiden Name                  | Mary Lauer |   |            |       |          |      | Mother's Birthplace     |
| Name of person giving information     | Mary Smith |   |            |       |          |      | How related to deceased |

CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary

Chronic Bronchitis three years  
Asthenia six months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

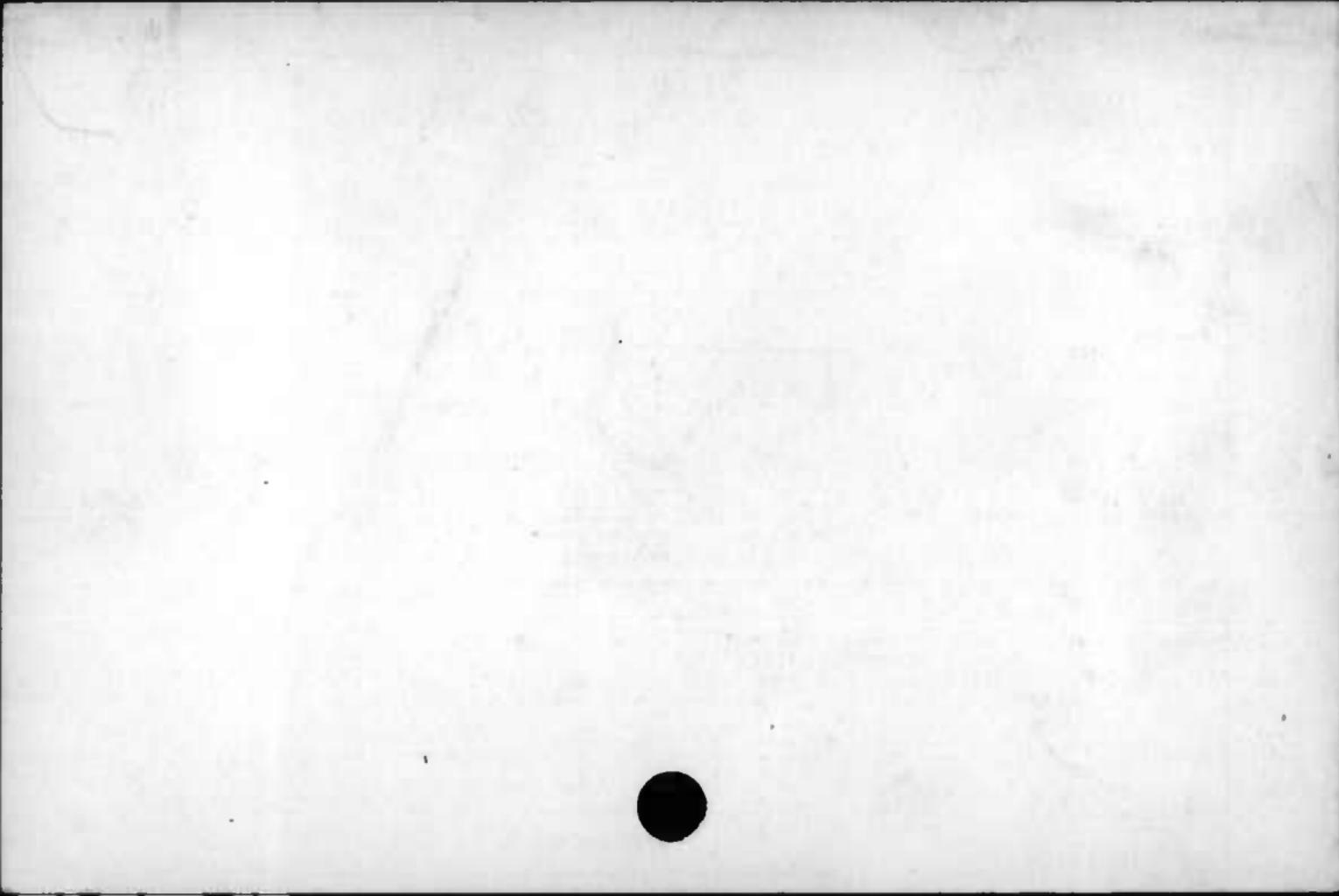
Signature of Physician

Address

G. M. Still - M. D.  
Cordova  
Md.

9

Accident or Suicide?



Name  
in  
Full

Mary Matilda Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |              |           |   |             |          |                        |      |  |
|-----------------------------------|--------------|-----------|---|-------------|----------|------------------------|------|--|
| Died at                           | Town         |           | County                                  |             | MARYLAND |                        |      |  |
| Date of death                     | 1907         | Month Aug | Day 22                                  | Age 38      | Years    | Months                 | Days |  |
| Sex                               | Female       |           | Color or Race                           | Colored     |          | Birth-place Talbot Co. |      |  |
| Occupation                        | Housewife    |           | Where Residing if not at place of death |             |          |                        |      |  |
| Married, Single or Widowed        | Married      |           | Name of Wife or Husband                 | James Smith |          |                        |      |  |
| Father's Name                     | Cyrus Brooks |           | Father's Birthplace Talbot Co.          |             |          |                        |      |  |
| Mother's Maiden Name              | Alice Barro  |           | Mother's Birthplace Talbot Co.          |             |          |                        |      |  |
| Name of person giving information | James Smith  |           | How related to deceased Husband         |             |          |                        |      |  |

CAUSES OF DEATH

(119)

How long

How long

PHYSICIAN  
OR CORONER

Primary

Acute Nephritis

Immediate

Cardiac Failure

Are the name, age, sex, color, date and place correctly given above?

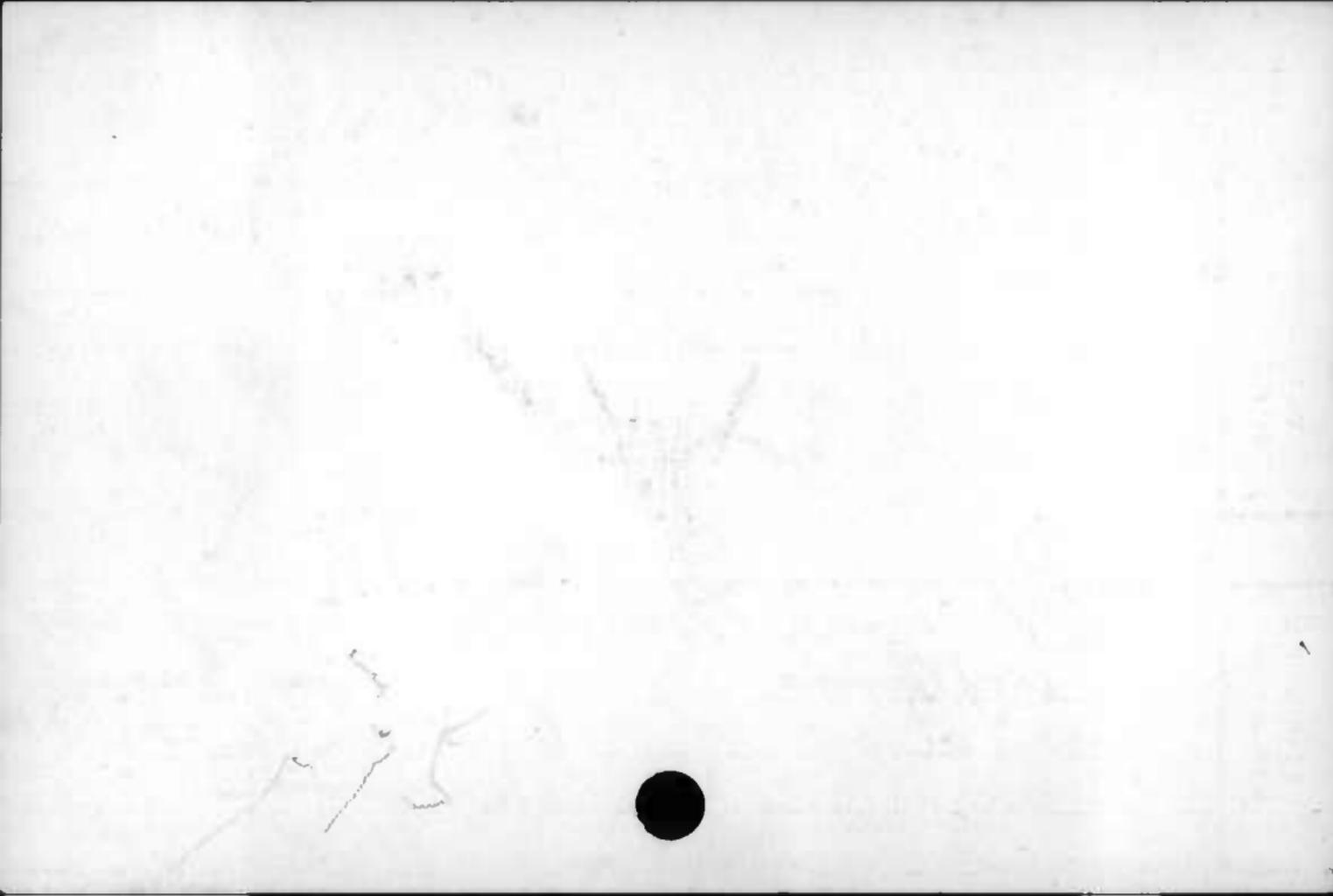
Yes.

Signature of Physician

Address

J. H. Hope M.D.

Accident or Suicide?



Name  
in  
Full

George. Mc. Cellan Sheets.

CERTIFICATE OF DEATH

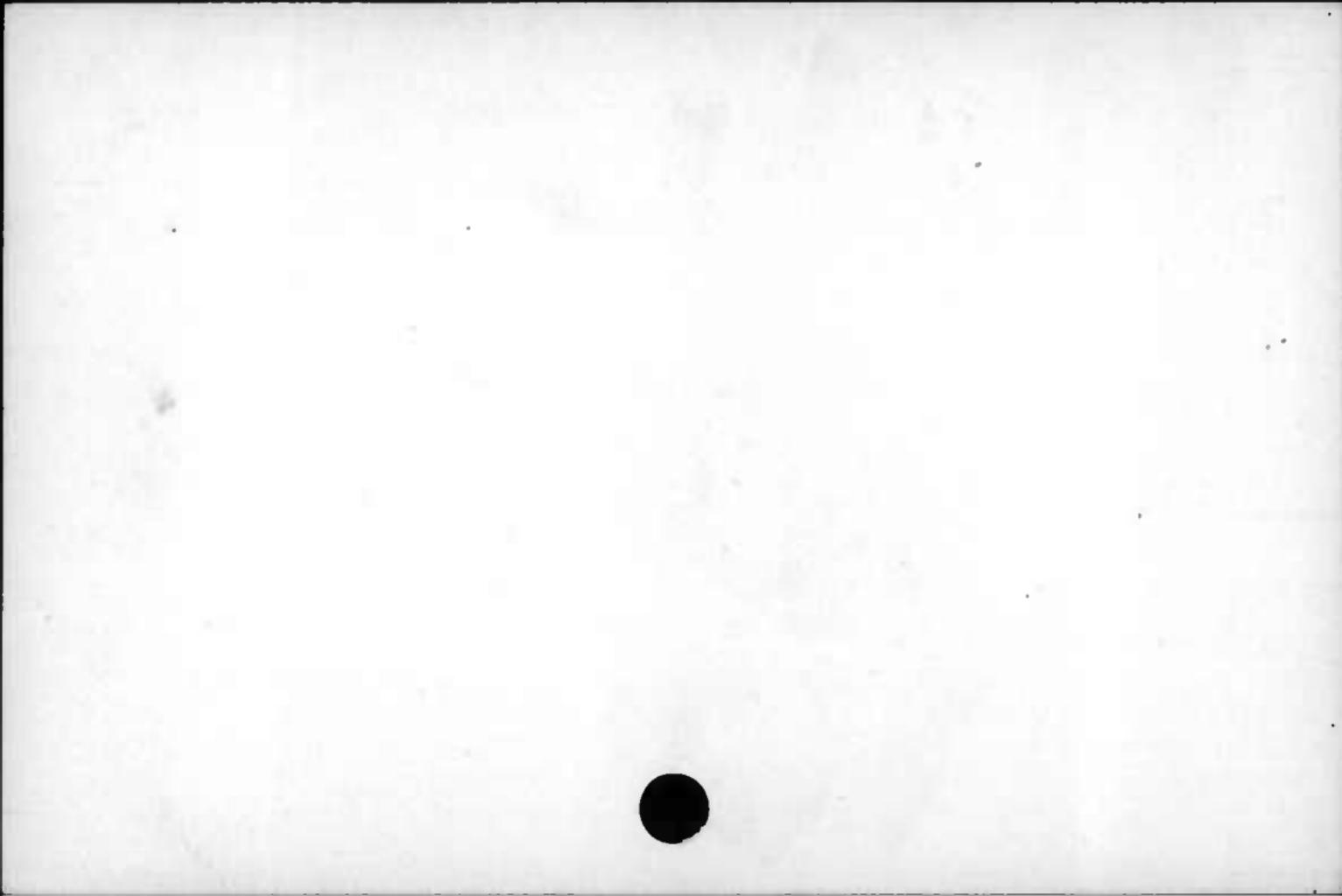
To BE ANSWERED BY  
NEAREST FRIEND

|   |   |                         |          |          |         |
|---|---|-------------------------|----------|----------|---------|
| Died near   | Town  | County                  | MARYLAND |          |         |
| Date of death 1907                                    | Month 8.  | Day 19-                 | Years 40 | Months 5 | Days 15 |
| Sex Male  | Color or Race White   | Birth-place Elbot & Son |          |          |         |
| Occupation Farmer                                     | Where Residing if not at place of death<br><del>Same County</del> |                         |          |          |         |
| Married, Single or Widowed Single                     | Name of Wife or Husband   |                         |          |          |         |
| Father's Name Edward Barnes Sheets.                   | Father's Birthplace New Castle Co. Del.                           |                         |          |          |         |
| Mother's Maiden Name Catherine Casperson              | Mother's Birthplace " " "   |                         |          |          |         |
| Name of person giving Information Mrs Geo G Slaughter | How related to deceased Sister                                    |                         |          |          |         |

CAUSES OF DEATH

27

|  |   |                    |  |
|--|---|--------------------|--|
| Primary  | Pulmonary Tuberculosis & Convolusions. 11 years &<br>Exhaustion |                    |  |
| Immediate  | How long  |                    |  |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician  | How long           |  |
| Yes  | Address   | Joseph A Ross M.D. |  |
| Accident or Suicide?   | Grappler Md.  |                    |  |



Name  
in  
Full

Travis Own Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |                  |                         |   |             |          |  |  |
|-----------------------------------|------------------|-------------------------|---|-------------|----------|--|--|
| Died at                           |                  | Town                    | County                                  |             | MARYLAND |  |  |
| Date of death                     | Month            | Day                     | Years                                   | Months      | Days     |  |  |
| 1907                              | Aug              | 27                      | Age                                     | 3           | 21       |  |  |
| Sex                               | Male             | Color or Race           | white                                   | Birth-place | Earlton  |  |  |
| Occupation                        |                  |                         | Where Residing if not at place of death | X           |          |  |  |
| Married, Single or Widowed        | X                | Name of Wife or Husband | X                                       |             |          |  |  |
| Father's Name                     | Richard O'Thomas |                         | Father's Birthplace                     | Earlton     |          |  |  |
| Mother's Maiden Name              | Lash V Cheezam   |                         | Mother's Birthplace                     | Earlton     |          |  |  |
| Name of person giving Information | Richard O'Thomas |                         | How related to deceased                 | Father      |          |  |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Enteritis

105

How long

2 mess

Immediate Enteritis

10 days

Are the name, age, sex, color, date and place correctly given above?

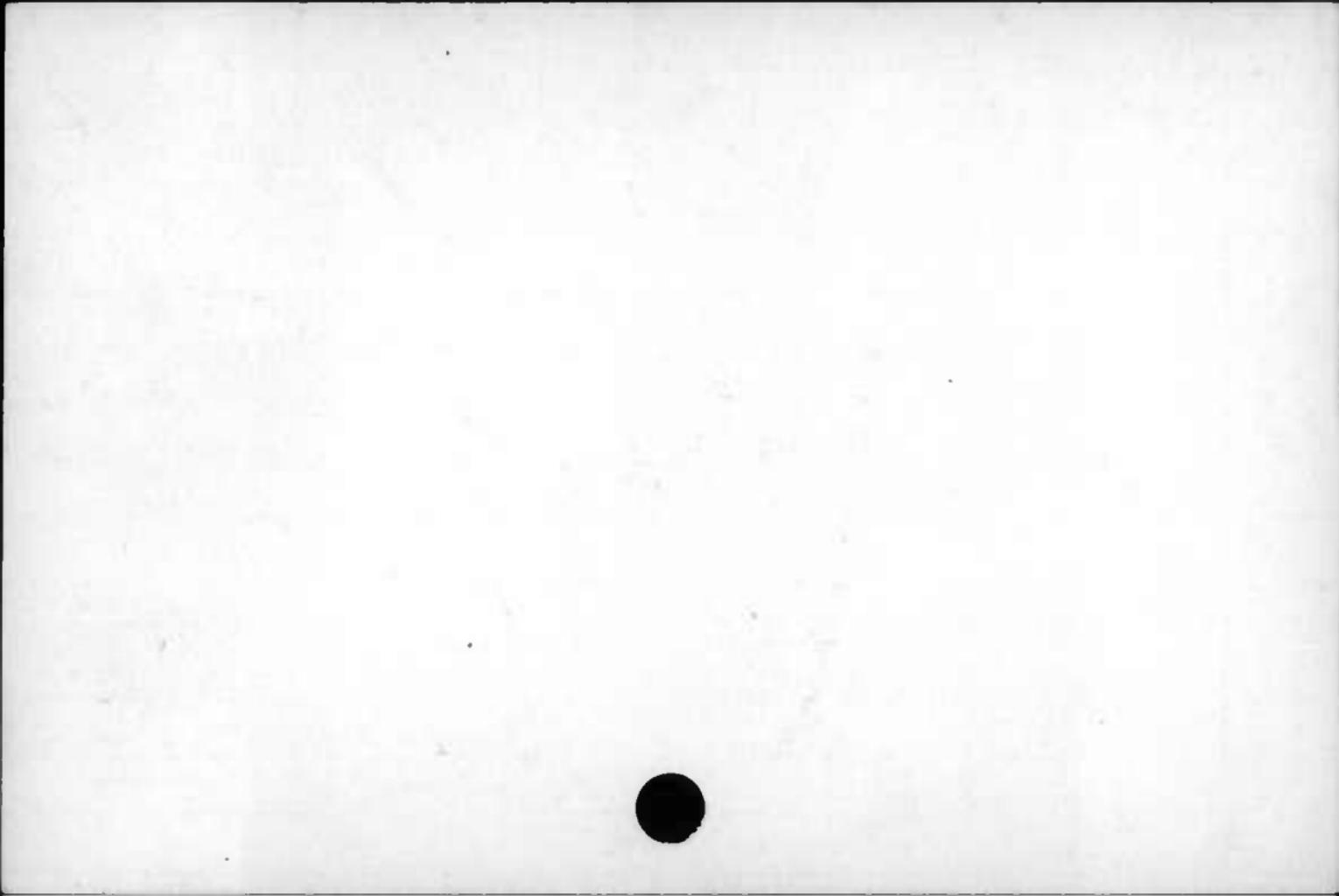
Signature of Physician

Address

How long

10 months  
Earlton Md

Accident or Suicide?



Name  
in  
Full

George T. Warner

CERTIFICATE OF DEATH

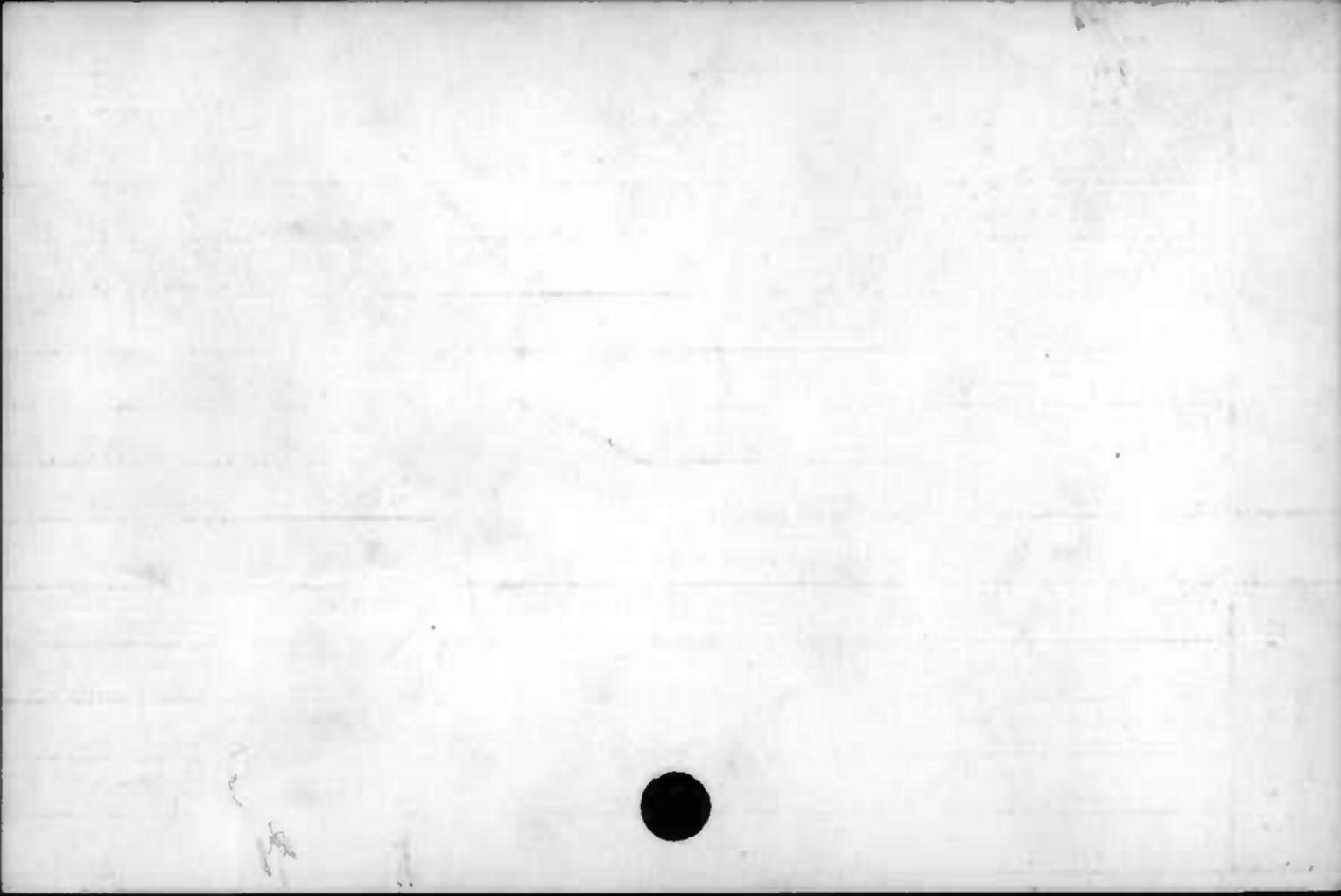
To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                              |          |        |      |
|-----------------------------------|---|------------------------------|----------|--------|------|
| Died at                           | Town                                    | County                       | MARYLAND |        |      |
| Date of death                     | Month                                   | Day                          | Years    | Months | Days |
| Sex                               | Color or Race                           | Age                          | 54       | —      | —    |
| Occupation                        | Where Residing if not at place of death |                              |          |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 | Oxford Md.                   |          |        |      |
| Father's Name                     | unknown                                 | Father's Birthplace unknown  |          |        |      |
| Mother's Maiden Name              | unknown                                 | Mother's Birthplace unknown  |          |        |      |
| Name of person giving information | Mary T. Warner                          | How related to deceased wife |          |        |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                     |                        |                |          |
|--|---------------------|------------------------|----------------|----------|
| Primary  | Grippe              | (10)                   | How long       | 5 months |
| Immediate  | Purulent Bronchitis |                        | How long       | 6 weeks  |
| Are the name, age, sex, color, date and place correctly given above? |                     | Signature of Physician | Wm A Davis MD  |          |
|  |                     | Address                | Oxford.<br>Md. |          |
| Accident or Suicide?   |                     |                        |                |          |



Name  
in  
Full

Martin Wells

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                  |          |        |      |
|-----------------------------------|---|------------------|----------|--------|------|
| Died at                           | Town                                    | County           | MARYLAND |        |      |
| Date of death                     | Month                                   | Day              | Years    | Months | Days |
| 1907                              | August                                  | 31 <sup>st</sup> | Age 101  | 8      | 12   |
| Sex                               | Color or Race                           | Birth-place      |          |        |      |
| Male                              | Blacks                                  | Talbot Co.       |          |        |      |
| Occupation                        | Where Residing if not at place of death |                  |          |        |      |
| Laborer                           | McDaniel, Md                            |                  |          |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 | Mary Ann Jackson |          |        |      |
| Widower                           |   |                  |          |        |      |
| Father's Name                     | James Wells                             |                  |          |        |      |
| Mother's Maiden Name              | Unknown                                 |                  |          |        |      |
| Name of person giving information | Charlotte A. Smith                      |                  |          |        |      |

CAUSES OF DEATH

154

How long

6 months

Primary

Senile Dementia

Immediate

general debility

How long

2 weeks

PHYSICIAN  
OR CORONER

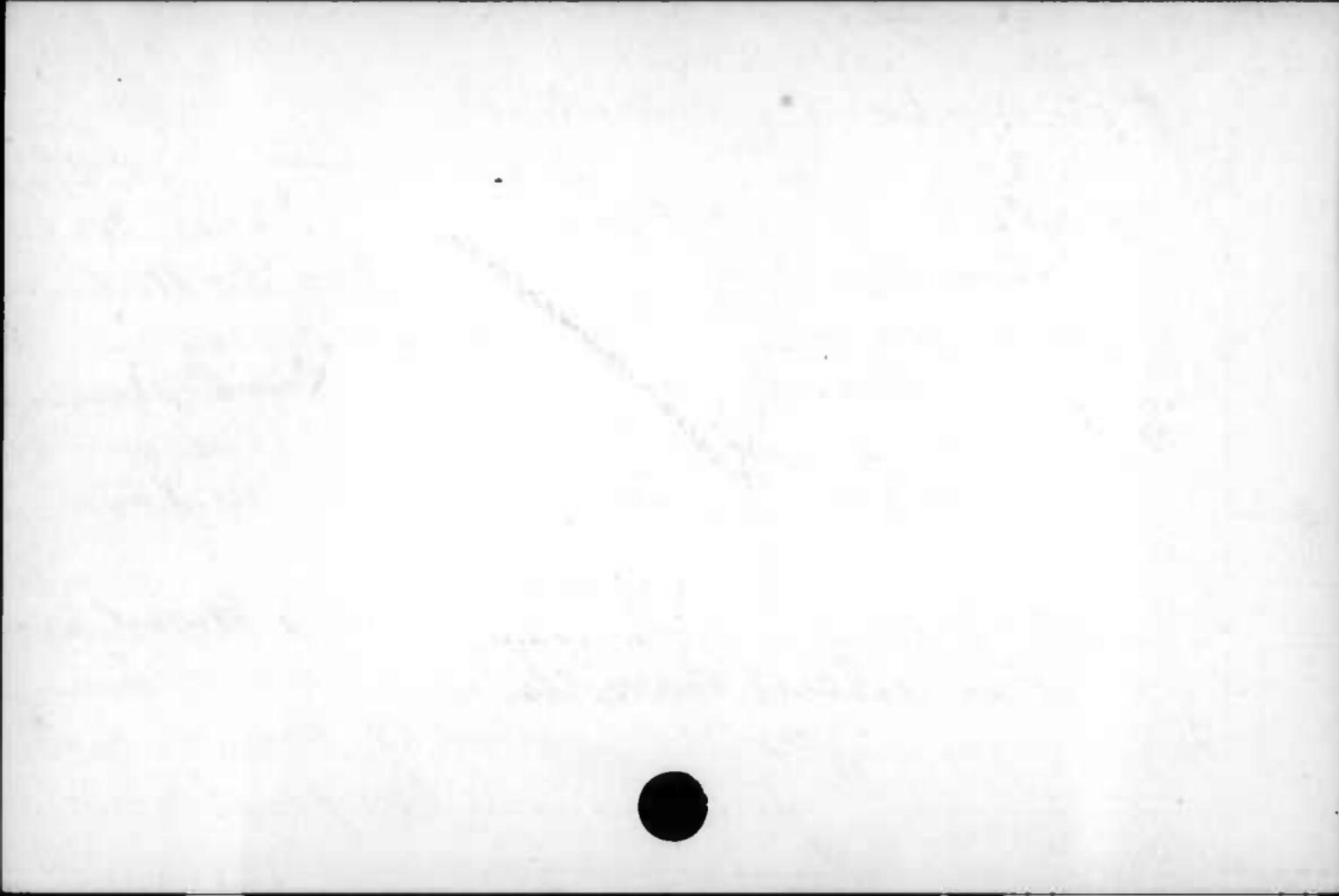
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

Accident or Suicide?



Name  
in  
Full

Mrs. Rogelia Hill Whetstone

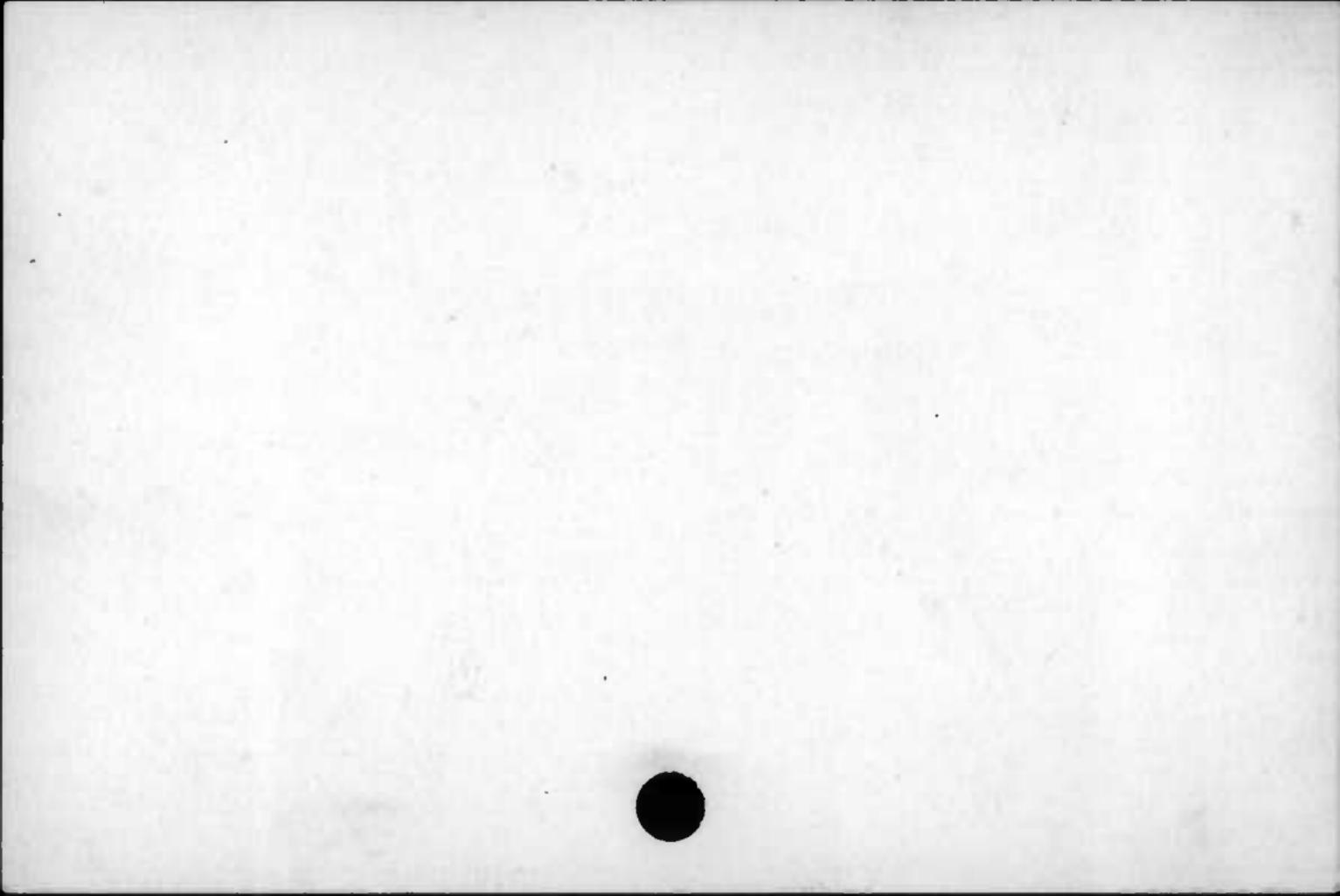
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |                             |             |                   |                             |
|---|---|-----------------------------|-------------|-------------------|-----------------------------|
| Town  | County                                  |                             |             | MARYLAND          |                             |
| Died at Hope Farm near Easton                           | Talbot                                  |                             |             |                   |                             |
| Date of death 1907, August                              | Month                                   | Day                         | Years       | Months            | Days                        |
| 11th  |   |                             | Age 76      | 11                | 30                          |
| Sex female  | Color or Race                           | white                       | Birth-place | Cincinnati, Ohio  |                             |
| Occupation Lady   | Where Residing if not at place of death |                             |             | Lansdowne, Penna. |                             |
| Married, Single or Widowed widow                        | Name of Husband                         | Frances D. Hill 1st husband |             |                   | Franklin D.S. Whetstone 2nd |
| Father's Name Jonathan Woodruff                         | Father's Birthplace                     | Kauay, N.Y.                 |             |                   |                             |
| Mother's Maiden Name Rachel Willis                      | Mother's Birthplace                     | Kauay, N.Y.                 |             |                   |                             |
| Name of person giving Information Franklin L. Whetstone | How related to deceased                 | Step-son                    |             |                   |                             |

CAUSES OF DEATH

|  |                        |                        |                   |           |
|--|------------------------|------------------------|-------------------|-----------|
| Primary  | Cirrhosis of Liver 112 |                        | How long          | not known |
| Immediate  | Et Lanstein            |                        | How long          | few wks   |
| Are the name, age, sex, color, date and place correctly given above? | yes                    | Signature of Physician | Chas. J. Davidson |           |
|  |                        | Address                | Easton Md         |           |
| Accident or Suicide?   |                        |                        |                   |           |



Name  
in  
Full

Alfred Juncyson Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |               |                         |   |             |           |
|-----------------------------------|---------------|-------------------------|---|-------------|-----------|
| lived at                          | Town          | County                  | MARYLAND                                |             |           |
| Date of death                     | Month         | Day                     | Years                                   | Months      | Days      |
| 1907 Aug                          | 24            |                         | 28                                      | —           | —         |
| Sex                               | Male          | Color or Race           | White                                   | Birth-place | Falbot Co |
| Occupation                        | Atty at Law   |                         | Where Residing if not at place of death | —           |           |
| Married, Single or Widowed        | Singl         | Name of Wife or Husband | —                                       | ✓           |           |
| Father's Name                     | Alfred Wilson |                         | Father's Birthplace                     | Delaware    |           |
| Mother's Maiden Name              | Auggie Smith  |                         | Mother's Birthplace                     | Delaware    |           |
| Name of person giving information | Geo W Wilson  |                         | How related to deceased                 | Brother     |           |

CAUSES OF DEATH

Primary

Typhoid Fever

① How long

3 weeks.

Immediate

Hypostolic Pneumonia

How long

36 hours.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

9

Signature of Physician

P. L. Traover.

Address

Easton - Md.

Accident or Suicide?

